MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 36231 First Middle 2a. DATE OF DEATH 1. DECEASED-NAME Last 2b. HOUR (Type ar print) Lillian Aprinh Andersen Minerva 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IF UNDER I YEAR Female White Feb. 17 1910 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED U.S.A Washington DIVORCED I WIDOWED | 11. NAME OF HOSPITAL OF INSTRUMENT IN GOOD give street address) 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) Heme Hespital Hagerstown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STATE Maryland 13b. COUNTY Washington Keedysville YES Keedysville Md RFD #1 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle Middle Lost Harry M Heffner Anna Duey 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, ar unknawn) Mr. Lleyd L. Andersen Keedysville Md RFD #1 219-20-4642 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE O stating the underlying cause 19th DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) ottended the deceased from 300, 1962, ta 300, 1968, that (I) (we) last saw the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obave, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR 22d. PHYS!CIAN'S 22e. ADDRESS NAME (Type) HUSERSToren 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23o. BURIAL, CREMATION, (County) Was State) SEMOVAL (Specify) April 11-68 Greenlawn Cemetery Williamsport, Maryland 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

the attending physician and campletely filled sit permit. Then please remove carbon pape burial-transit O FUNERAL DIRECTOR: After this certificate has been far use director, page should be filed

requires that the death certificate be executed within 24 hau

VR A15 (4)

30M REV, 1/68

Albert L. Leaf Williamsport Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1. DECEASED-NAME (Type or Print)	First Lin	da	Middle			Lost			QF			Yeor	2 to the
			Sue			res	IF UNDER :	24 UBC		MATED Ap		3, 196	8 P. W
3. SEX Female	4. RACE White	Jan. 26,		6. AGE (In years last birthday) 14 YR	MONTHS	DAYS	HOURS	MIN.	Monti			19 68	7:14 P
70. BIRTHPLACE (Sto	te or foreign 71	. CITIZEN OF WHAT O			ARRIED N	EVER MAR	RIED	9. COU	NTY OF D			0.0	
country)Nebra	ska	U.S.A.			DOWED _		RCED		ashir				Mo
10. CITY OR TOWN C		give stree	of Hospital et oddress)				during	most of	working l	(Kind of work do life, even if retired		IND OF BUS	SINESS OR
130. USUAL RESIDEN	ICE (Where deceose	d lived, if institution								ET AND NUMBER			
odmission) STAT	W.Va.	13b. COUNTY Be	rkeley	Mar	tinsbu	rg	YES KE N	10	820	Maryl and	Aven	ue	
14. FATHER'S NAME	First	Middle		Lost	1S. MOTH	ER'S MAID	EN NAME	First		Middle		Los	1
Ge	orge	E.	Ayres				Rit	ta		J.	Hosc	:h	
	VER IN U.S. ARMED FO		. SOCIAL SECUI	RITY NO.	17. INFORMA	TNA				ADDRESS			
(Yes, no, or unkno	Wfi) (If yes give we	ar or dates of service)			Mrs	. Ri	ta J.	Aml	brese	-Martins	shure.	W.V	2
		one couse per line f	for (a) (h) on	d (c).)								APPROXIMATE	E INTERVAL
PART I.	DEATH WAS CAUSED	RY-			. (2)								
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Conditions if	ony, which gove	DUE TO, OR AS	A CONSEQUEN	CE UP									
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	nderlying couse	DUE TO, OR AS	A CONSEQUEN	CE OF									
last.	,	(c)											
PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TER	MINAL DI	SEASE OR C	CONDITIO	N GIVEN IN	PART 1(o)			
= 237	X												
190. DATE OF	OPERATION	196	. CONDITION I		PERATION						2	O. AUTOPS	Y?
190. DATE OF			WAS PERFOR	RMED?								YES 📆	NO 🗍
210. EXTERNAL	CAUSE WAS	21b. TIME OF INJU	JRY Month, Da	y, Year	21c. HOW IN	JURY OCC	URRED (En	iter notur	re of injury	in Port 1 or Port	2, Item 18.)		
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PRIMARY CAUSE OF DEA	the state of the s	P.M. ACE OF INJURY (At he	ome form str		21f. LOCATIO	N Street o	r R F D No		City	or Town	Coun	ntv	Stote
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NAME (Type)	Dr. E. W.	. Ditto,	Jr.		215 W	V. AND	ishim	gton	vn Srbwi	yy) Hagers	town,	Md.	
230. BURIAL, CREMA)ATE	23c. NAM	E OF CEMETER	RY OR CREMA	TORY		23d.	LOCATION	(City or Town)	(Count	y) (S	Stote)
REMOVAL (Spe		21.1968	Ros	eda1e	Cemet	ery			Mart	insburg-	Berke	ley V	N.Va.
24. FUNERAL DIREC		rd R.B.	town			- 4	25o. REC'E	D BY REG			AR'S SIGNATI	URE	
Brown	Funeral	Home-Mar	tinsbu	TE.W.	Ja.		DATE A	חח	0.0	inco in			dar.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06227 56233 CERTIFICATE OF DEATH Middle Lost 2n. DATE OF DEATH 2b. HOUR First 1 DECEASED-NAME 1600y 68Year Baechtel Month (Type or print) Goldie Marie 5:10pm HE HINGER 1 YEAR IE EINGER 24 HRS 4 PACE S. DATE OF BIRTH 3. SEX 6. AGE (In years (birthdoy) 1900 white Oct 11. female ease remove carban papers. Po and in ony event, within 72 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Washington Md. USA WIDOWED K DIVORCED The law requires that the death certificate be executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR duting a part of working life, even if retired.) Wayrance Hagerstown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY 917 Mulberry Ave. wash. Hagerstown YES 📆 Middle 14 FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Ella Mae Spessard George P. Houser 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor ar dates of service) 219-46-1101 Carroll L. Baechtel, Newark, Dela. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-tronsit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse PART 2 STHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 O FUNERAL DIRECTOR: After this certificate has been 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO | 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) far Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County Stote 21d INDIRY OCCURRED City or Town While Not while 22a. I certify that (1) (this haspital) attended the deceased from I 1928, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an 15 causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Hagerstown, Maryland NAME (Type) Richard T. Binford, M. D. 1135 Potomac Avenue director, should 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 230. BURIAL, CREMATION 23b. DATE BEMOTAL (Secrity) 4/19/68 Rest Haven Cemetery Hagerstown, Md. 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 [4] Minnich Funeral Home Hagerstown, Md. 30M REV. 1/68 DATE APR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DECEASED-NAME 20. DATE KNOWN Month Year 47 898n (Type or Print) CURTIS 12:0 LEE 168 ţ, BAER DEATH MATED 2c. DATE PRONOUNCED DEAD 4. RACE S. DATE OF BIRTH 6. AGE (In years PHOUR 3. SEX pup July 30,1920 47 YRS 196812:30 Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (duntry) Washington WIDOWED [DIVORCED [Maryland 10. City or Town of DEATH after deoth 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Railroad Tracks Weverton Brakeman Railroad Give with 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Maryland Washington Sandy Hook YES 🔽 NO 🗌 Main Street Item 18. land2 ofter IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Ollie Osborn Baer Emma May Barnhart = Examiner's pages haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANTMrs. Luella Baeroress 16b. SOCIAL SECURITY NO. pencil (Yes. ng. or unknown) 214-14-6347 RFD# 2. Knoxville, Md. .⊆ 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) within BETWEEN ONSET AND DEATH 4 shauld be farwarded to the Chief Medical burial-transit permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing injury of abdomen and chest Sudden DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a). certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) be used (20. AUTOPSY? 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NON YES 🗌 the certificate, 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 shauld PRIMARY TOR CONTRIBUTING HOUR A.M. SICAL EXAMINER: 4/2/168 Derailment of railroad cars crushing 1 2 : 0 0°.M. 4/2/196 21e. PLACE OF INJURY (At hame, farm, street, CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. City or Town the victorism. WHILE AT WORK AT WORK B&O R. R. Tracks may be retained for your FUNERAL DIRECTOR: Page Washington Co. Weverton, Maryland 22a. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inspection . Inquiry . and in my opinion the funeral directar. death resulted from: Natural causes . Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY 4/4/68 DEPUTY MEDICAL EXAMINER 5 may 70 FUNE Health Howard N. Weeks, M. D. ADDRESS(Street, city, town, or county) 23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Brownsville, Wash. Md. Buria 2Sb. REGISTRAR'S SIGNATURE 10M REV.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH . DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) CHARLES MONDEL BAKER 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINGER 1 YEAR IF LINDER 24 HRS. HOURS MALE BLACK MAY 2 1900 70 BIRTHPLACE (State at fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED | NEVER MARRIED country) MARYLAND U.S.A. WIDOWEDX** DIVORCED [WASHINGTON 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR during most of wasking life, even if retired.) INDUSTRY HAGERSTOWN COUNTY 3a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTS HINGTON YES 🔽 HANCOCK E. MAIN ST. 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Lost CHARLES BAKER NETTIE MYERS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address MD . Yes, no grunknown) MONDEL J BAKER MAIN ST. HANCOCK TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO [21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram... __, and that in (my) (aur) apinion death accurred on the date and hour and from the saw the deceased alive on.... couses stoted above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DIRECTOR 22d PHYSICIAN'S 22e, ADDRESS John NAME (Type) Donoghue, M.D. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BUR AL, CREMATION, (County) BREMOYAL (Specify) RURAL CUMBERLAND ALLEGANY FAIRVIEW 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20 DATE OF DEATH A PRIL Month 7 1. DECEASED-NAME First M.ddle Last after death. Doy 9680r BAKER (Type or print) ROY **EDWARD** 3 SEX 4. RACE S. DATE OF BIRTH IF LINDER I YEAR IF UNDER 24 HRS 6. AGE (In years last birthday) HOURS WHITE MALE 2/17/1897 requires that the death certificate be executed within 24 hours and in ony event, within 72 hour 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 💢 NEVER MARRIED 🗌 WASHINGTON TEWNSYLVANIA U.S.A. WIDOWED DIVORCED [the ottending physician ond completely filled sit permit. Then pleose remove carbon pap 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not an hospital 12g USUAL OCCUPATION (Kind of work done CO. HOSPITAL durRETTEMD (CLERTEtired) HAGERSTOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY ASHINGTON 1024 PENNSYLVANIA HAGERSTOWN 14 FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle Lost REISHER FLLA BAKER RUSH HAGERSTOWN 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT MD. burial, cremation, or removal, MRS. GENEVA A. BAKER 705-10-6220 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY (pro 6,612) IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave) Hernochrous burial-tronsit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ed for use as the b cof Heolth prior to b Page 4 may be retoined by the hospitol or attending O FUNERAL DIRECTOR: After this certificate has been 20a ANTOPSY? 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔂 YES 🖂 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. director, page 3 should be detache should be filed with the State Dept. 21e. PLACE OF INJURY 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 11-23-19.1940 to 4-7, 19.68, that (I) (we) last saw the deceased alive an 4-619.68, and that in (my) (vor) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS Volu St. Stom Ga by MARGREE DIRECTOR PHYS. 22d PHYSICIAN'S West Washington 22a. ADDRESS John H. Hornbaker, M.D. NAME (Type) Hagerstown, Md. FRANKLIN 23d LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BUR AL CREMATION CHAMBERSBURG REMOVED STRATET GROVE CEM. CEDAR **ADDRESS** 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68

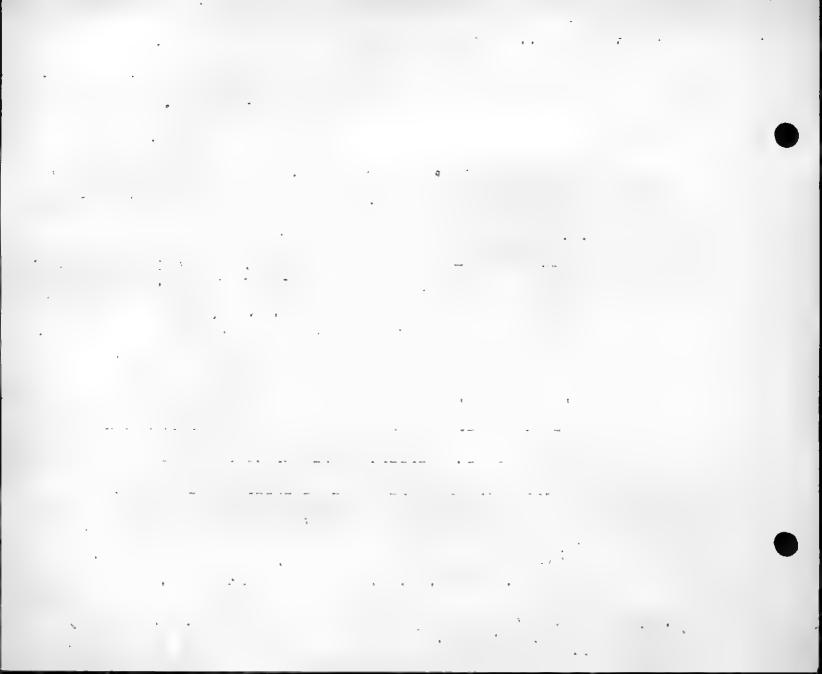


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR Aprillonth (Type or print) Nelle Belle 1968 Beard 4. RACE S DATE OF BIRTH 3. SEX 6 AGE (In years IF UNDER I YEAR F UNDER 24 HRS. physician and campletely filled in by the f en please remove carban papers. Pages lost birthday) Female White August 30, 1891 ban papers. Pag. 70 BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED Rockingham Co. U. S. A. WIDOWED X DIVORCED Washington 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within Grantest oddress) ton Co. Hospital during most of working life, even if retired.)
Housewile INDUSTRY Hagerstown Own Home eyent, 13a USUAL RESIDENCE (Where deceased lived. f institution; Residence before 113c CITY OR TOWN 13e. STREET AND NUMBER 136, IHSIQE CITY LIMITS? deniss on) STATE Maryland Washington 9 N. Main St Boonsboro 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Frank Ella Miltenberger Dorman 16b. SOCIAL SECURITY NO. 17, INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or dates at service) 220-30-7622 Mr. A. Blair Beauchamp, 9 N. Main St. Boonsboy 18. CAUSE OF DEATH (Enter only one cause per line for (4), (b), and (c))
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH warrenois day IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? 4.2,68 concius us us a -YES 🗍 NO TO 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) ģ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INIJIRY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 4-2-, 1960, ta 4-7-, 1968, that (I) (we) lost sow the deceased and olive an 1968, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 4.8.1968 MED DIRECTOR director, page 3 shauld be filed w DEGREE 22d, PHYSICIAN'S 22e. ADDRESS JOSEPH SECONDARI BOONSBORD Hd 21713 NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. DATE (County) BEMOVAIr (Specify) 4- 10- 68 Boonsboro Cemetery Boonsboro, Wash. Co., Md. 25b. REGISTRAR & SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FLINERAL DIRECTOR VR A15 (4) Milarias John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE 30M REV, 1/68



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VR A35ME (5) 10M REV 1/68	<	John	Rlifata	on 90)	Yopen	stown	md_	DATE A O	D I	6 196	38	Cla	res,	Jack	r.

MARYLAND STATE DEPARTMENT OF HEALTH Thinuout this illness the DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 batient was attended by Dr. . Adson Moody CERTIFICATE OF DEATH DECEASED-NAME (Type or print) Middle First Lost 2o DATE OF DEATH dfter death WARREN THEADORE BERGUM 4 RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Whi te gept 30 Lale The low requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED X XIEVER MARRIED Tilanois signed by the ottending physician and completely filled in burial-transit permit. Then please remove carbon papers, burial, cremation, or remaval, and in any event, within 72 f □ Washington
120 USUAL OCCUPAT ON (Kind of work done USA WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress)
As hington County Hosp. Electrical INDUSTRY Hagerstown Fairchild 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER odmission) STATE YES. 24 Randolph Ave ington Hagerstown IS, MOTHER'S MAIDEN NAME First 14 FATHER'S NAME O.T.Bergum Elizabeth 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no or unknown) 08-07-3896 Mrs Bertha N. Bergum 124 Randolph Hagerstown Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY Ventricu BETWEEN ONSET AND DEATH Ventricular fibrillation Minutes IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Myocardial infarction 3 days Conditions, if ony, which gove) Arteriosclerotic heart disease **I**ndefinite rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse lost. 4.0 /1 / PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be detached for use as the State Dept. of Health prior ta Obesity, exogenous, severe 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Doy Yeor OR CONTRIBUTING CAUSE OF DEATH (If either, notify med coll exominer) (AT HOME, FARM, STREET, FACTORY,) 21d INJURY OCCURRED 21e PLACE OF INJURY Stote 22a. I certify that (I) (this haspital) attended the deceased fram 1, 1 255, 19, ta 4-3-68 19, that (I) (we) last saw the deceased alive an 4-12-68 19, and that in (My) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an 1268 19, and that causes stated abave (1) (we) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS 4-15-1968 DIRECTOR 22e. ADDRESS PHYSICIAN'S NAME (Type) Robert F. Keadle, M. D. Hagerstown, Md 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE (County) 230 BURIAL, CREMATION, B11 REMOVAL (Specify) Hagerstown Wash Co 1/18/68 Rest Haven Cenetery 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE And ADDRESS 24. FUNERAL DIRECTOR uagers town VR A15 (4) Coffman Funeral Home Inc DATE APR 1968 30M REV. 1768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME Last 2a. DATE OF DEATH 25 HOUR low requires that the death certificate be executed within 24 hours after death. 65 Day death April Manth (Type or print) Stephanie Catherine 68 Year Boden event, within 72 hours after 3. SEX 4 PACE S. DATE OF BIRTH IF UNGER I YEAR IF LINGER 24 HRS. 6 AGE (In years last birthday) MONTHS HOURS April 5, 1968 female white 9. COUNTY OF DEATH 7a, BIRTHPLACE (State or fareign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED signed by the attending physician ond completely filled in buriol-tronsit permit. Then please remayer maken Maryland USA Washington WIDOWED I DIVORCED [77] 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12h KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH Co. Hospitadring matering life, even if retired.) washirm ton INDUSTRY Hagerstown 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 13e. STREET AND NUMBER 13d UNSIDE CITY LIMITS? admission) STATE 13b. COUNTY 308 Englewood Road Md. Wash Hagerstowh NO T 14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Sallade Claire Robert Boden 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes no ar unknawn) (,f yes give war or dates of service) Robert Boden Hagerstown, Md. none APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Palmon orcu IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗔 NO F for use of Health be retained by the hospitol or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. detached (AT HOME, FARM, STREEF, FACTORY,) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town While Nat while at wark 220. I certify that (I) (thus hospital) attended the deceased from 4/5, and that in (may) (our) opinion death occurred on the date and hour and from the causes stoted above, (4) (we) (did) (did not) view the bady after deoth 22c DATE SUGNED 22b. SIGNATURE ATTENDING PHYS. MED director, page 3 should be filed v DEGREE 22d. PHYSICIAN'S 22e. ADDRESS 101 King St NAME (Type) Richard Young M.D. Hag., Md. 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a BUR AL, CREMATION, 23b. DATE (County) DREMOVA (Specify) 4/6/68 Rose Hill Cemetery Hagerstown, Md. 2Sb. REGISTRAR S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FLINERAL DIRECTOR ADDRESS VR A15 (4) DATE APR 9 1968 Minnich Funeral Home Hagerstown, Md. 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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odry	USUAL RESIDENCE (Where of West STATVIRGI	nia 1	ved, if institution 3b. COUNTYJe	fferson	Bake	rton YES X N	0 🗆	TREET AND NUM	IBER		
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160.	NAS DECEASED EVER IN U. Yes po, or unknown) (If y	S. ARMED F Is give worderde None		6b. SOCIAL SECURITY N		informaniBurnet x 51,Baker				5410	
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~	21d INJURY OCCURRED While In Nat while at wark					OCATION Street at R.F.D No		ar Town		County	Stote
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	NAME (Type)		F, ABDU	LLAH, M.		318 N. Pot					
	BURIA (REMATION, PEMOVALISPECTY)	23b. DATE	3/68			iew Cemeter	ry Sha	on (City or Tow	rg, Wa	A	(Stote)
29-	FINERAL DIRECTOR	lac	He He	rpers F	5454	Tall Allen	BY REGISTRAR	1968	Tilla SIG	GNATURE O	udges

VR A15 (4) 30M REV 176

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Leath certificate Le executed within 24 haurs—A

Page 4 may be retained by the haspital ar attending pillysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a directar, page 3 shauld be detached far use as the burnal-transit permit. Then please remove carban papers. Pag should be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours



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<u></u>	4	- '5-(8) nt 06236		, 301 W. PRESTON STREET, I CERTIFICATE OF DEA	BALTIMORE, MARYLAND 2120	10000
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funera	3. S		4. RACE	5 DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
the the cages.		Female	White	Sept.30,	,1888 lost girthday)	YRS. MONTHS DAYS HOURS MIN.
haurs a	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
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within page	F	agers town	ashing ton	County Hosp	USUAL OCCUPATION (Kind of work of ing mast of warking life even if retir HOUSE WITE	ed) Own Home
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requires that the death certificate be executed with g physician. In signed by the attending physician and completely the burial-transit permit. Then please remave carbon a burial, crematian, ar remaval, and in any event, with		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF	Eighality	, meningitis	APPROXIMANT INTERVAL BETWEEN ONSET AND DEATH 3 -4 7447
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	CERTIFICATION	19a DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS P	YES T	NO CAUSES OF DEATH?	NGS CONSIDERED IN CERTIFYING
PHYSICIAN: e haspital or nis certificate stached far u Dept. af Heal	MEDICAL CER	21a ACCIDENT WAS UNDERLYII ☐ ar contributing ☐ cause of dea (If either, natify medical exami	ATH HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Pa	rt 2, Item 1B.)
	ME	21d. INJURY OCCURRED 21e While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	MCTORY.) 21f. LOCATION Street ar R.F		County State
ATTENDING stained by th CTOR: After t shauld be d		220. I certify that (I) (the	his hospital) attended the detection	sed from 27 // 1968, and that in (my) (au	19.04, to 3.044 r) apinion death occurred an th	, 19 <u>6</u> , that (I) (we) lost the date and hour and from the
dine dine h	П	certises stoted obav	re, (I) (we) (did) (did not) view the	body offer death. nafu	ral causes	
OR A DIRECT SHEET		22b. SIGNATURE	11/2mps	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS	22c. DATE SIGNED 4 April 68
TO HOSPITAL OR ATTEN Page 4 may be retained for FUNERAL DIRECTOR: director, page 3 should should be filed with the		22d PHYSICIANS NAME(Type) Ric	hard T. Binford, M	220. ADDRESS 1. D. 1135 Po	tomac Avenue Hag	erstown, Maryland
O HOSPII Page 4 m O FUNER director,	23a	BURIAL, CREMATION, 23b.	DATE 23c, NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 2	26	BEMOVAL (Specify)	ril 5,1968 Rest	Haven Cemeter	Hagerstown	Laryland.
30M/REV 1168	24.	Andrew K. Co.	erstown, Mary Tan	d. Inc.	F 8 _ 1968 256 REGISTRAD	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 30

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and 2		CEASED-NAME First pype or pnnt) DA		Middle GERTRUDE	8	lost BROOKS	2a. DATE OF	DEATH Month 4 Day	8 Yeor 6	26 HOUR
on papers. Pages 1 on within 72 h≡u≡ after de	3 SE		4 RACE	W		ATE OF BIRTH 9.27.05	1	6. AGE (in years lest birthdoy)	FUNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
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			Middle D F 81SH	O P Lost	IS. MC	THER'S MAIDEN NAME		Middle		Lost
	16a. Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give a NO	AED FORCES? var or dates of service)	SOCIAL SECURITY NO.			SHOP R	Address URAL 1 H	ANCOCE	K MD.
		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE IMMEDIA	ly ane cause per line f D BY: ATE CAUSE (o)	or (a) (b), and (c).)	nch	Mein	unio)	BETWEEN	CINATE INTERVAL ONSET AND DEATH CONTROL CONTR
		Conditions, if any, which gove a rise to immediate cause (a), ((b)	CONSEQUENCE OF	remi				10	unth
		stoting the underlying couse last. PART 2. OTHER SIGNIFICANT COI	(t)	CONSEQUENCE OF	RELATED TO THE	TERMINAL DISEASE O	condition GIVE	V IN PART 1(a)		
ŕ	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH	OPERATION WAS PERFO	DRMED	20a. AUTOPSY? YES \ NO [CALISES	YES, WERE FINDINGS (OF DEATH?	CONSIDERED IN (CERTIFYING
	MEDICAL CERT	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEA! (If either, natify medical exami	TH HOUR A.M. A	PURY Month Doy Yeor	21c HOW I	Land 1		ry in Part 1 or Port 2,	Item 18)	•
		100, 41,110	PLACE OF INJURY (AT					or Town	County	State
		22a. I certify that (I) (the saw the deceased a couses stated above	ns haspital) attend Nive an e, (I) (we)(did)(di	led the deceosed 19_ d_nat) view the bo	from , ond th dy ofter deci	, 19 at in (my) (our) a th.	, ta pinion death o		, tha ate and havi	t (I) (we) las and from the
		226 SIGNATURES AT LES	Inext	ne M	DEGREE	ATTENDING PHYS.	MED DIRECTOR	STAFF PHYS. 22c.	DATE SIGNED	
1	230	22d. Physicians NAME (Type) John Burial, Cremation, 23b.		zhue, M.I	-	22e. ADDRESS	23d LOCATIO	ON (City or Town)	(County)	(Stote) M.D
50		REMOVAL SPACINAL 4	.11.68	MT OLI			RURAL BY REGISTRAR		CK WAS	SHINGTO
1	24.	FUNERAL DIRECTOR		ADDRESS		230. KEL U	DI KEGISIKAK	ZOD KEUIOTKAK	NUMBER	



		DIVISION	N OF VITAL RECORDS, 301	W. PRESTO	n street, baltimo	RE, MARYL	AND 21201		0.0	
FOR STATE	1	7 1 5 2 8	MEDICAL EXAM	INER'S C	ERTIFICATE OF	DEATH			.691	* L
HEALTH DEPT.		CEASED NAME First	Midd	e	Last	"	20 DATE KNOWN	Manth (Day Year	26. HOUR
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3 4 2 5	3 5		S DATE OF BIRTH	6 AGE (n years	IF UNDER 1 YEAR	INDER 24 HRS	2c DATE PRONOUNCED			2d HOUR
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- E 1 E			76 CITIZEN OF WHAT COUNTRY?		RRIED X NEVER MARRIED	7 COU	NTY OF DEATH	70	1700	17 2 7 411
	coup	EST VIRGINIA	U.S.A.		OWED DIVORCED	_		WASHI	INGTON	Me
Stote		TY OR TOWN OF DEATH	11 NAME OF HOSPITAL	OR INSTITUTIO			CJPATION (Kind of wo	ek dane 1	26 KIND OF BUS	
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hours Item 18 Office Sond 2	14. F	ATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN N	AME First	Mid		Last	
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hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED I	or and determined and		17 INFORMANT		712ADDRES	SECU	RITY ROA	D
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			ly one cause per line for (a), (b), a	nd (c))					APPROXIMATE BETWEEN ONSET	
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be exe		4310	DUE TO, OR AS A CONSEQUE	NCE OF	1					
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word the Charletra		stating the underlying cause	DUE TO, OR AS A CONSEQUE	NCE OF		,				
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NER NER Shoot Shoot Shoot Shoot Shoot	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21e.	P.M. PLACE OF INJURY (At home, form, s	19	21f LOCATION Street or R.F.	D. No.	City or Tawn		County	State
EXAMINER: ute the certi age 4 should your files. Page 3 shou		WHILE NOT WHILE TO	ctory, affice building, etc.)	11661,	ETT LOCATION STEEL OF KT	J 140	City of Town		coorty	2,0,6
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o DEPo necesso the fun 5 may 0 FUNE Health	23a				OR CREMATORY		LOCATION (City or Tow			tate)
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To	24.	FUNERAL DIRECTOR		ADDRESS FUNERAL		REC'D BY REG		GISTRAR'S SI		TAT THE
► VR AT5ME (5) 10M REV, 1/68	1	floore & Elala	Place HAGERST		RYLAND. DATE	405	1 6 1000	Ollin	May Juy	102
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.238 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 1. DECEASED-NAME First Lost 2b. HOUR signed by the attending physicion and completely filled in by the functional buriof-transit permit. Then please remove corbon papers. Pages Frand, buriof, cremotion, or removal, and in any event, within 72 hours after death (Type or print) hnist orine Sarah 4 RACE S. DATE OF BIRTH 6. AGÉ (In yeors IF LINDER | YEAR 3. SEX law requires that the death certificate be executed within 24 hours after last birthday) PHTHOM HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER-MARRIED country WIDOWED 7 DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION give street oddress) during most of working life, even if retured 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER LI3c CITY OR TOWN 13d. INSIDE CITYLAIMITS? admission) STATE 13b. COUNTY 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Meddle A-17 179 Saral 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I, DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the Stote Dept of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO YES -21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME FARM, STREET, FACTORY, 21f LOCATION Street of R.F.D. No. County State City or Tawn While Nat while at wark at wark L 22a. I certify that (1) (this haspital) attended the deceased from 2 - 4 , 1965, to 1965, that (1) (we) last saw the deceased alive an 1965, and that in (my) (our) apinian death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATÜRE 22c DATE SIGNED **ATTENDING** PHYS DIRECTOR 22d PHYSICIAN'S 22e ADDRESS

NAME OF CEMETERY OR CREMATORY

emeteru

30M REV, 1/68

NAME (Type)

BURIAL, CREMATION

REMOVAL (Specify)

24. FUNERAL DIRECTOR

2Sa. REC'D BY REGISTRAR

23d LOCATION (City or Town)

REGISTRAR'S SIGNATURE

(County)

(State)



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EYAMINED'S CEDTIESCATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN DYD Month Dow Yo	eor 2b HOUR
s to a y	DEAD SMILE	68 3 PM
delay and 3 M3. Po tmeni	Male White Sept.30, 1911 6 AGE (In years of blues of the sept. 30, 1911 56 YRS ON 1911 56 YRS ON 1911 30 1968)	2d HOUR
	70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 9 COUNTY OF DEATH COUNTRY WIDOWED DIVORCED WAShington	M.
death the St	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done give street oddress) Mendel Read 12b Kind of during a server in feetined)	F BUSINESS OR
hours after d frem 18. Give Office along v land 2 with the	odmission) Mayland 13b (OUNTWashington Nr. Sharpsburg YES NO X) No. 350 JSUAL RES DENCE (Where deceosed lived, if institution Residence before 13c (1ff OR TOWN 13d inside (1ff Jamisso (1	<u> </u>
Z c A v v	4 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Frances	Lewis
I within 24 in pencil in Examineria. Examineria. File pages in 72 hours	60 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. No or unknown) (14 yes give wor or dates of service) 15 INFORMANT Mrs. Patsy Milburn Sharpsburg, Maryl	and
ate shauld be executed g the ward "pending" i ed ta the Chief Medical s a burial-transit permit. and in any event within		IX MATE INTERVAL ONSET AND DEATH
his cate, e fare be ur	WAS PERFORMED? YES	TOPSY?
INER: ne certifi shauld files. 3 should afron, c	PRIMARY FOR CONTRIBUTING HOURAM CAUSE OF DEATH PM AW 319 68 Self light location from the street of	Stote
XAM ote the ge 4 your Page crem	WHILE AT WORK	hel
ICAL E executor Par Par Par Par Par Par Par Par Par Pa		in my opinion
please please retain retain igr to	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	168
o DEPUTY necessary, the funera 5 may be 0 FUNERA Health pri	EXAMINER'S NAME (Type) ADDRESS(Street, c'ty, town, or county) HARDESTURE ADDRESS(Street, c'ty, town, or county)	NID
To To The Hear	230 BURIAL CREMATON, REMOVAL (Specify) Burial April 5,1968 At. View Cemetery Sharpsburg, Washington	(Stote) Narylar
VR A15ME (5) 10M REV 1/68	24 F. NERAL D RECTOR Albert L. Leaf Williamsport, Maryland Abort L. Leaf Williamsport, Maryland 250 REG D BY REGISTRAR 256 REG STRAR 5 SIGNATURE DATE APR 8 _ 1968 261 F. NERAL D RECTOR 272 PROPERTY OF THE PROPERTY OF T	dge.

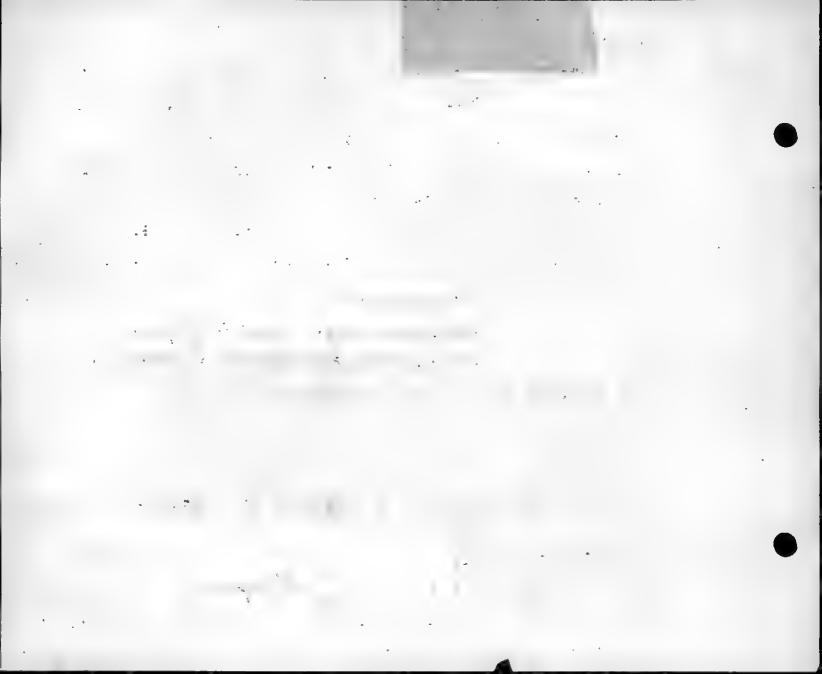


,, 1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 4 2 1
HEALTH DEPT.	1 [DECEASED-NAME Fist Middle Lost 2a DATE KNOWN Manth	Doy Year 2b HOUR
≈ 5 € 10		(Type or Print) SADIE M. CORWELL DEATH MATED X APR	IL 141968 M
m PM3. 50		SEX 4 RACE S DATE OF BIRTH 6. AGE (In years F UNDER YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD lost bighdwy) Months Days Hours Min Month Doy	Year 211 05
PM3.	_	April 15'	19 68 A. M
De		BIRTHPLACE (Stote of foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH UNITY MARY LAND U.S.A. WIDOWED W DIVORCED WASHINGTON	
ooth ages th for	_	CITY OR TOWN OF DEATH U.S.A. WIDOWED X DIVORCED WASHINGTON 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done	Md. 12b KIND OF BUSINESS OR
after death 8. Give Pages along with for with the State	R	RURAL FAIRPLAY give street address#1 FAIRPLAY during most of work no life even if retired) HOUSEWIFE	IND_STRY HOME
s after 18. Give along with the	13o 0	O USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13a, INSIDE CTY LIMITS? 13e. STREET AND NUMBER Odmission) STATIARYLAND 13b. COUNTY ASHINGTON FATRPLAY YES NO REMAINS REPORTED IN 15 PATRPLAY.	T A 32
hours of Item 18 Office of 1 and 2 v after de	_	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
24 h in Ite rs Ot es Ta		HARRY K. PALMER ALTA	DUSTNG
hin 24 ncil in niner s poges hours		D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS: 177.	
within n pencil Examinel File poge	L	(Yes, ac, or unknown) (If yes give war or dates of service) NONE MRS. ESTHER P. CRAMER	MD
be executed within "pending" in pencil in encil teamine the Medicol Examine ansit permit. File pogevent within 72 hou		1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" in nef Medicol E ansit permit. F event within		IMMEDIATE CAUSE (a) Massive Intracerebral Hemorrhage Set	reral minutes
pence ex		Out TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave	
vord "per vord "per ne Chief I al transit ony even		rise to immediate couse (a), (b) Carolac Ayperscoping	
certificate shauld writing the word prwarded to the Ch used as a burial tre movol and in ony		stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF	
ate s g the ed to s a bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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uis certific te, writin forward e used a removol	CATION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This circle, be for	CERTIF		YES NO
得力 은	MEDICAL C	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M P.M 19 21b TIME OF INJURY Manth, Day, Year HOUR A M P.M 19	tem IB)
	WEI	21d N.JRY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK AT WORK AT WORK 216 DECEMBER 1997 AT WORK 217 LOCATION Street at R.F.D. No City at Tawn foctory, affice building, etc.)	Caunty State
bical EXAM dense execute the director. Page 4 etonned for your DIRECTOR: Page or to burtal, crem			-
ICAL ED		22a certify that taak charge of the remains described above, held on Autapsy , Inspection , Inquiry death resulted from: Notural couses , Accident , Suicide , Hamicide , Undetermined manner	ond in my aprion
please e I director retorned L DIRECT			
D DEPUTY CALCA INCESSORY, please extra fine funeral director. S may be retouned in the funeral DIRECTORY CALCA INCESTORY CALCA INCESSORY CALC		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b DATE 22b DATE	SIGNED
Sory Sory The FRA			16. 1968
necessary, ple the funeral day 5 may be ret TO FUNERAL DI Health prior		NAME (Type) Dr. E. W. Ditto, Jr. 215 W. Washiringtonyn Stunny) Hagersto	wn, Md.
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23 a	REMOVAL (Specify)	(Caunty) (State)
45	24		VASH. MD.
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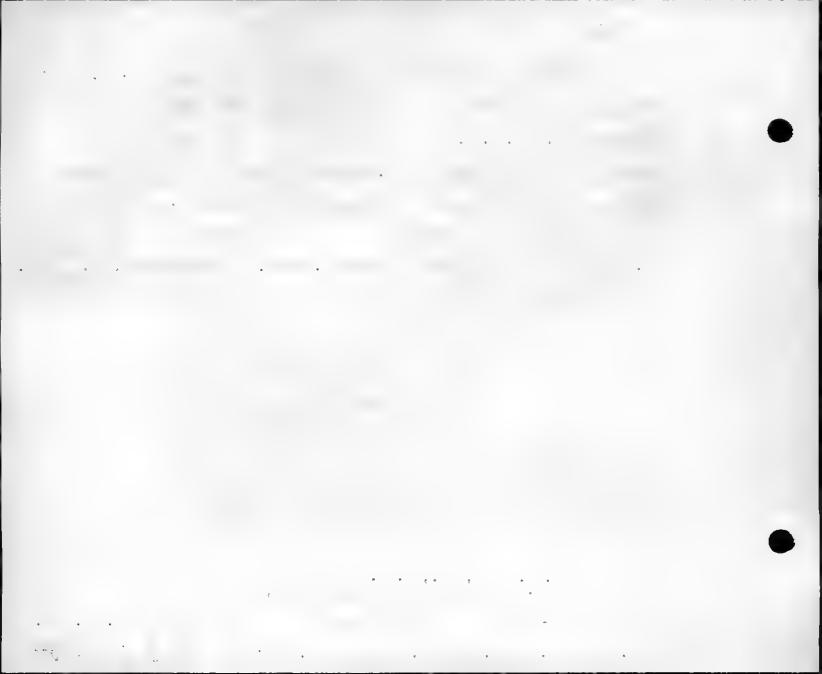
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost DECEASED-NAME First 20. DATE OF DEATH 2b. HOUR death. death and the funeral (Type or print) Month Geraldine Palmer Cox Pages / law requires that the death certificate be executed within 24 hauserafter. hours after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years SE LINDER I YEAR IF UNDER 24 HRS lost birthday) MONTHS DAYS HOURS Temale June 9, 1932 35 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 🔀 NEVER MARRIED signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban papers. burial, crematian, ar remaval, and in any event, within 72 h Greencastle Pa-WIDOWED | DIVORCED | Washington 10. CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress)
Washington during most of working life, even if retired) INDUSTRY. Hagerstown Own Home 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 38 INSIDE CITY DMITS? 13e STREET AND NUMBER admission) STATE NO X Hagerstown Broadfording Road 14 FATHER'S NAME M. ddle IS MOTHER'S MAIDEN NAME First Lost Zimmerman Kendall Benton Mary Kathrun Harry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 1589 Broadfording Rd Hagerstown, G.P.Cox 168-26-4422 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY early IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove t rise to immediate couse (a), AS A CONSEQUENCE OF DUE TO, OR attending physician. stating the underlying couser PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta l O FUNERAL DIRECTOR: After this certificate has been as the 190. DATE OF OPERATION 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CERTIFICAT. CAUSES OF DEATH? YES 🔽 NO E use Health 210. ACCIDENT WAS LINDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) Į by the haspital ☐ OR CONTRIBUTING ☐ CAUSE OF GEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 1 21f LOCATION 21e. PLACE OF INJURY Street or R.F.D. No. Stote City or Town County OFFICE BUILDING ETC. While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram_ June, 1966, 10 be retained shauld 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE directar, page should be filed PHYS. 22d. PHYSICIAN S 22e. ADDRESS 363 S. Cleveland Ave. Hagerstown, Md. NAME (Type) Dr. Edson B. Mood 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) Hagerstown-Washington-Md. Rest Hoven Cemetery VR A15 (4) 30M REV, 1/68 Rest Haven Funeral Chapel Hagerstown, Md. DATE





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36200 CERTIFICATE OF DEATH DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. April Month (Type or print) Shana Crawford Lee :10P M 4. RACE 3 SEX S. DATE OF BIRTH 6. AGE (In years IF LIMBER 1 YEAR IF UNDER 24 HRS. last birthday) Female White April 18, 1968 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED signed by the attending physician and completely filled in by buriol-transit permit. Then please remove corban popers. burial, crematian, or removal, and in any event, within 72 had Hagerstown, Md. U. S. A. WIDOWED [7] DIVORCED [Washington 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Washington Co. Hospital during most of working life, even if retired.) INDUSTRY Hagerstown None 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIM TS? odmission) STATE Maryland 13b COUNTY Washington Williamsport, YES NO T Rfd. 2 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost Lost Larry Crawford Deborah Lowry 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no. or unknown) (If yes give war as dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT Address Hagerstown Yes, no, or unknown) Paul L. Lowry, 1818 Helsterboro, Rd. None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if one which gove use to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 far use as the t f Health prior to b Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 6.5 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 📑 NO | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram______, 19_____, ta_ , and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an_____ causes stated abave, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF 4/19/68 DEGREE director, page should be filed Dove, 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Cleveland Avenue Haderstown Maryland 230 BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) 4- 19- 68 Manor Cemetery Tilghmanton Wash. Co., Md. 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV, 1/68 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



and 2 death.

the funerol

TO MORPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corban appears, brais should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 pours after the corpus and the state of the corpus and the corpus after the corpus and the corpus and the corpus after the corpus and the corpus and the corpus and the corpus after the corpus and t

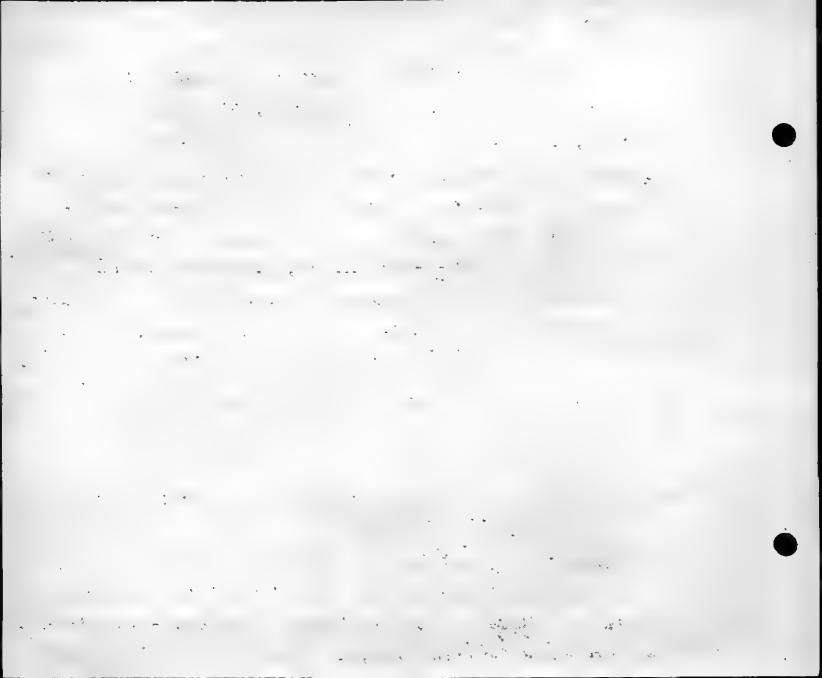
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ı	40 to 64	CERTIFICATE OF DEATH									2.1053	
1.	DECEASED-NAME	First		Middle		Last		2a. DATE OF DEATH	al. B		2b. HOUR p	
	(Type or print)	Mil.	lard	Ellswort	h (Crilley		April Mor	th 30 Day	1968	10:30%	
3.	SEX		4. RACE			S DATE OF I	IRTH	6 AGE	(In years	IF UNDER YEAR	IF UNDER 24 HRS	
	Male White				3/15/91 lost bittpdoy) yrs					MONTHS QAYS	HOURS MIN.	
70	BIRTHPLACE (Sountry) Mary	tote or foreign	7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MA	RRIED 9	TON	Md.			
10. CITY OR 10WN OF DEATH HAGERSTOWN 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working ife, even if retired) 12b KIND OF BUSINI 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working ife, even if retired) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working ife, even if retired) 12b KIND OF BUSINI 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working ife, even if retired) 12b KIND OF BUSINI 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working ife, even if retired) 12c USUAL OCCUPATION (Kind of work done during most of working ife, even if retired) 12c USUAL OCCUPATION (Kind of work done during most of working ife, even if retired) 12c USUAL OCCUPATION (Kind of work done during most of working ife, even if retired) 12c USUAL OCCUPATION (Kind of work done during most of working ife, even if retired)											BUSINESS OR	
13 ad	o. USUAL RESIDI Imissian) STATI	NCE (Where deceose Maryla n d	lived, if institution 13b. COUNTY W 8	n: Residence before		r town cock	YES NO	13e STREET AND		St.		
	FATHER'S NAM		Middle	Lost		IS. MOTHER'S A	AIDEN NAME Fin	st	Middle		Last	
П		SAMUEL	A.	CRILLEY			Cat	herine			bert	
10	o. WAS DECEASE	D EVER IN U.S. ARM	ED FORCES? ir or dates of service)	166 SOCIAL SECURITY N		INFORMANT				NCOCK	MD.	
L	Yes, no pr unkr	OMU) (11 Aez dive w	at or other or service)	217-32-50	036	MATHIE	LD E C	RILLEY 2	11 w.	MAIN		
Г				for (a), (b), and (c).)							MATE INTERVAL MSET AND GEATH	
	PART I.	DEATH WAS CAUSED	BY: TE CAUSE (a)	Intestin	al ob	obstruction					1 week	
	1538 DUE TO, OR AS A CONSEQUENCE OF											
Т	Conditions,	Conditions, if any, which gave (b) Carcinoma of colon									10 years	
П	rise to immediate cause (o), (stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF											
	(c) Carcinoma of prostate									4 уе	ars	
	PART 2. OTH	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE YERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
1 2	153	1532										
TIELCATIC	190. DATE OF	OPERATION 196.	ONDITION FOR WHIC	H OPERATION WAS PER	FORMED	20a AUT YES		20b IF YES, WE CAUSES OF DEA		NSIDERED IN CE	RTIFYING	
		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)										
27.0		ITING □ CAUSE OF GEATI TEFY medical examin		Manth Day Year								
100	While N	of while		AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC				City or Town		County	State	
	sow	22a. I certify that (I) (the classified) attended the deceased from										
н	22b. SIGNATU				-	ATTEND	NG — ME	D STAFE	_	ATE SIGNED		
П										/1/68		
	22d. PHYSICI NAME (YPe) DOMI	IGO A. GA	RCIA, M.D	•	22e AD Wes	tern Md	. State Ho	spital	, Hager	stown	
23	o BURIAL, CREA	ATION, 236. C	ATE	23c. NAME OF C	EMETERY O	R CREMATORY		23d LOCATION (City of	,	(County)	(Stote)	
L	REMOVAL (S		5.3.68	STAPET	TERS	CATHO		HANGOCK	MM WA	SHINGT	ON MD	
24	FUNERAL DIRE	CTOR	4.4	ADDRESS		~ /	23a CREC'D BY		REGISTRAR'S S	IGNATUR D	der.	
	How	and of	Levie	Han	Evel	s. mox	DATE MAY	6 1968	1	1	0	

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 6.245 CERTIFICATE OF DEATH Middle 20 DATE OF DEATH I. DECEASED-NAME First Inst 2b. HOUR (Type or print) Catherine Unira CROMA 1968 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS last birthday) Temale. February 9, 1924 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH requires that the death certificate be executed within 24 haur 7b. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED Hagerstown, Md. the attending physician and campletely filled in sit permit. Then please remave carban papers Washington DIVORCED [WIDOWED [IO. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address)
Washington County Hospital during most of working life, even if retired.) INDUSTRY Hagerstown Housewite Own Home 13a USUAL RES DENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) STATE Washington YES. 114 Buena Vista Ave Hagerstown 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Feilder Selbu Noah 160 WAS DECEASED EVER IN 115 ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, na or Jnknown) 219-12-0302 18. CAUSE OF DEATH (Enter only one cause per fine for (py 6), and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) crematian, Canditians, if any, which gave) burial-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause has been CAUSES OF DEATH? YES 🗀 NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 1962, and that in (my) (aur) apinian death accurred an the date and havr and from the causes stated above, (I) (we) (did) (did) at view the back after death. O FUNERAL DIRECTOR: After 22c DATE SIGNED 22b S/GNA/URE ATTENDING PHYS MED. DIRECTOR 13 April 68 DEGREE director, page shauld be file 22a, ADDRESS NAME (Type) Richard T. Binford 1135 Potomac Avenue . M. D. Md. Hagerstown. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BUR, AL, CREMATION, 23b. DATE (State) (County) REMOVAL (Specify) 4/16/68 Rest Haven Cemetery Hagerstown - Washington - Md. 250. REC'D BY REGISTRAR 25b. REG.STRAR'S 24 FUNERAL DIRECTOR VR A15 (4) > 30M REV, 1/68 1968 Funeral Chapel Hagerstown Md.

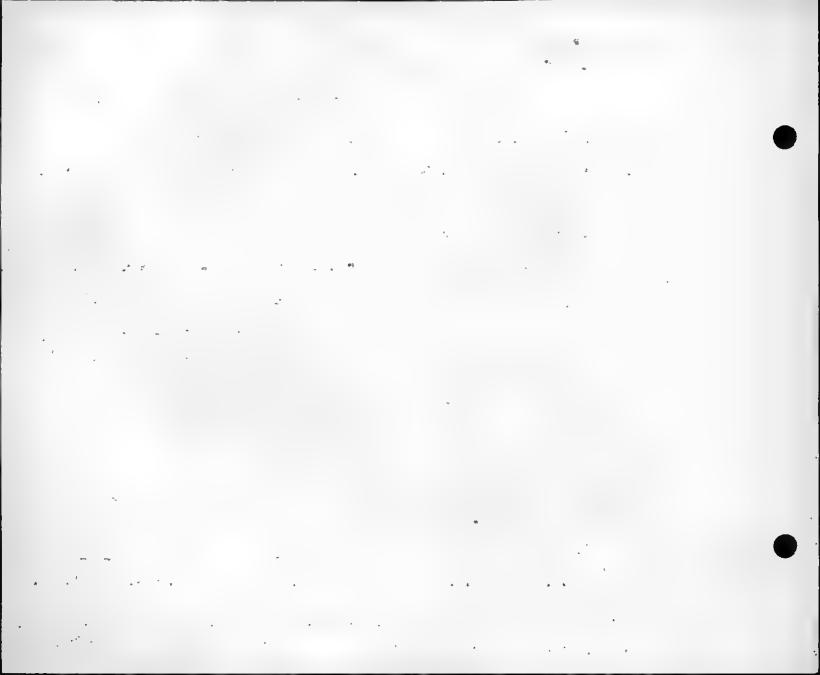


30M REV, 1/68

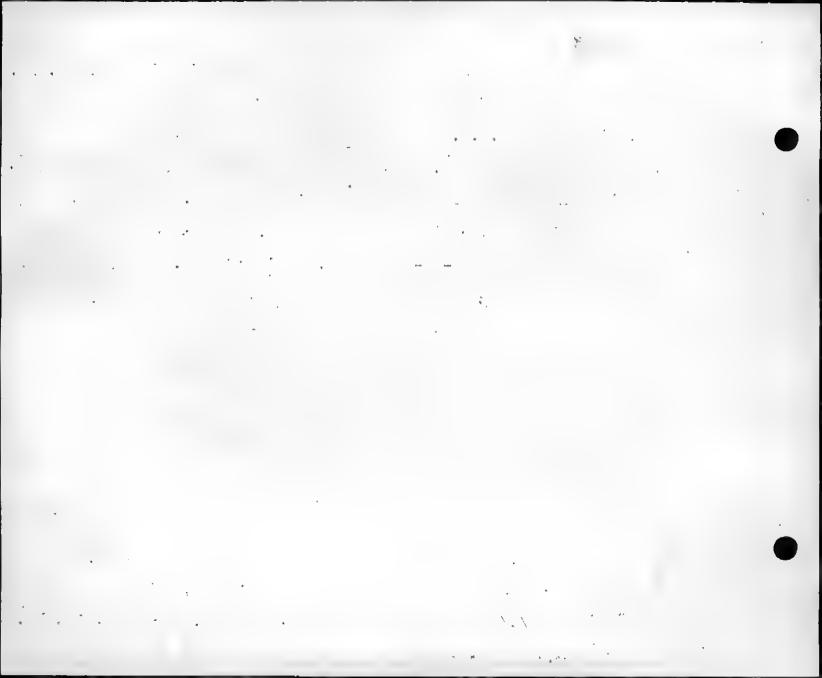
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Bell Inst 2n DATE OF DEATH 2b. HOUR Mabel law requires that the death certificate be executed within 24 haurs after deatl (Type or print) April Dixon S. DATE OF BIRTH 3 SEX 4. RACE 6. AGE (In years IF JNDER 1 YEAR IF TINGER 24 HRS lass hirthday) May 20 Female White 1886 physician and campletely filled in by the the attending physician and cumposity. Pacific permit. Then please remaye carban papers. Pacifit permit. Then please remaye carban papers. 7a. BIRTHPLACE (State as foreign country) BLOCKS COM 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH U.S.A Washington WIDOWED (X) DIVORCED [7] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give 1431 agaress) Church St. during most of working life, even if retired.) Williamsport Heme 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Washington Williamsporty Md. 14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Inst Randelph Bagley Pelly Unknown 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no. or unknown) Mrs. Arlene Strain Williamsport. Nene 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH avoliac Smile S DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave a burial-transit nse ta immediate cause (a), O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p as the l CERT.FICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ed far use af Health Page 4 may be retained by the hospital ar 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work ____, 19_**67**_, ta_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR 4-22-68 directar, page 3 shauld be filed v DEGREE 22d. PHYSICIAN'S M.E. Byrkit M.D. 220 ZORWest Potomac St. Willimaport, Md. NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) THE WOLLD (Specify) April 24-68 Riverview Cemetery Williamsport Washington Md. 256 REGISTRAR'S S. GNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR Musyles Albert L. Leaf Williamsport Maryland Ark 24 30M REV 1/68 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH WALTER Lost DECEASED-NAME Middle 20 DATE OF DEATH 2b HOUR LEWIS DOWNS APRILMonth5 Doy 968 or (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNOFR I YEAR IF JNOER 24 HRS MALE lost blight@by) WHITE 1/2/1890 within 72 haurs 70 BIRTHPLACE (State or foreign country) MARYLAND 7b. CITIZEN OF WHAT COUNTRY? U .S .A . 9. COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON the attending physician and completely filled in sit permit. Then please remave carban papers: WIDOWED IX DIVORCED [requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH RURAL BOONSBORO 120 USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street bod(ess)#1 130 USUAL RESIDENCE (Where deceased lived, if institut on. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATMARYIAND 13b. COUNTWASHINGTON BOONSBORG BOONSBORO IS MOTHER'S MAIDEN NAME FIRST 14 FATHER'S NAME Middle Middle Lost MARY SPRECHER DOWNS KA TE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, o Turknown) (If yes give war or dates at service) 214-09-9759 MRS. LUCY YOUNG RT.#1 BOONSBORO MD. 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY INSUFICIENCY SUDDEN IMMEDIATE CAUSE (o) Conditions, if ony, which gove) SEVENE ARTEILIQUELEROSIS burial-transit rise to immediate couse (a) stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been as the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? od far use of afficial of the YES [NO Z the haspital ar 21o. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M (If either, notify medical examiner) (AT HOME, FARM. STREET FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work at work 220. I certify that (I) (this hospital) attended the deceased from 1966, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (i) (we) (did) (did not) view the body after death. 22h SIGNATURE DEGREE PHYS 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS director, I shauld be 230. BURIAL CREMATION REMOVAL PROPERTY H 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Store) (County) HAGERSTOWN WASH. CEDAR LAWN MEM. GARDENS 25o. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06255 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH WEALTH DEPT. 1 DECEASED NAME First M ddle 2a DATE KNOWN Month Day (Type or Print) ESTI OF Audrev Fleagle DEATH MATED 4 6. AGE (In years lest birthday) IF LADER T YEAR IF LINDER 24 HRS 3. SEX 4. RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOuR ond March 7, 1938 Male White 30 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED [NEVER MARRIED [forwarded to the Chief Medical Exominer's Office along with form Give Poges 1 DIVORCED K W DOWED Maryland U.S.A. Washingbon Co. 10. CITY OR TOWN OF DEATH

Hagerstown

11. NAME OF MOSPITAL OR NSTITUTION (If not in haspito give street address)

Washington County Hosp

Washington County Hosp

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN

13d 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of warking life, even if retired) Machinist

13d. INSIDE CITY LM TS7 | 13e STREET AND NUMBER Landis 13b. COUNTY Franklink Quincy YES NO Box 32lond 2 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Vernon Fleagle Dorothy Kline poges Mae 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of survice) no 192-30-1703 Mr. Vernon C. Fleagle Rouzerville. permit. File This certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per ne far (a), (b) and (c)) RETWEEN ORSET AND GEATH PART I DEATH WAS CAUSED BY ubdu-10-20 Hum DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 1217 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21a EXTERNAL CAUSE WAS 21b T ME OF IN-JRY Month, Day, Year 3 should 4 should PRIMARY OR CONTRIBUTING Driver of Aufo Crashed while hi Dued Gue ICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No. County 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to buriol, crem factory, off,ce building, etc.) WHILE NOT WHILE AT WORK Smithsburg 22a | certify that | took charge of the remains described above, held on Autopsy | , Inspection X, Inquiry [and in my apinian the funeral director Natural causes Accident X, Suicide . death resulted fram Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED O DEPUTY DEPUTY MEDICAL EXAMINER 4-30-68 ADDRESS(Street, city, fawn, or county) NAME (Type) Dr. Edward W. Ditto, 111. 23o. BURIAL, CREMATION 21/735WDATEWashing took STATE OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Spec fy) Washington Twp., Franklin. Pa. Harbaugh ADDRESS 24 FUNERAL DIRECTOR 2Sa REC D BY REG STRAR VR A15ME (5) Waynesboro, Pa. 10M REV 1 68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECORDS, 301 W. PRESTON STREET, RAITIMORE, MARYLAND 21201

ł		الأبيانا	À			CERTIF	ICATE OF	DEATH				2003	
I		CEASED-NAME	First		Middle		Lost		2o. OATE OF		D V	2b HOUR	۰
ı	£1	ype or print)	Milt	on	Haley		Gill	an	1	Month	12 1968	R N	ł
I	3. SE	X		4. RACE			S. DATE OF	BIRTH		6. AGE (In years	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	
1		Male			White		Jebru	ary 11.	1892	lost birthdoy)	RS. MONTHS DAY	YS HOURS MIN.	
	7o. B	IRTHPLACE (Stote o	r foreign	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRI	ED 🔀 NEVER M/		9. COUNTY OF	DEATH			P
- [Ro	hresvill	e.Md.	USA	7	WIDOW		ORCED 🗍	Wast	ington		Md	J.
Ī	10. (ITY OR TOWN OF D	EATH	11	NAME OF HOSPITAL OR	INSTITUTION (If not in hospital	12o USUA	L OCCUPATION	(Kind of work don	ne 125. KIND : INDUSTRY	OF BUSINESS OR	•
L		lagerstou			ve street oddress) 920 Hamil			S auring to	alesma	life, even if retired 2	9ce	Cream	
,	13o. admi	USUĀL RESIDENCE (Where deceose	d lived, if inst	itution Residence before			13d. INSIDE CITY LI		REET AND NUMBER	.41 .		
		ssion) STATE			rington		rstown			0 Hamilt	on, Blvd.		
H	14. F	ATHER S NAME	First	Middle			IS. MOTHER'S	MAIDEN NAME F		Middle		Lost	
			ohn		Gil		7 101500044447	Ynd	iana			Miller	
ı	160. Y	WAS DECEASED EVI es, no, oxynknown)	R IN U.S. ARM	ED FORCES? or ar dates of service)	16b. SOCIAL SECURI		7. INFORMANT	C-11	000 11	Address			
ŀ	_						13-17-17.	incan '	420 MON	ulton Bl	va. Nage	ED LOWN 111	2
1		18. CAUSE OF DE	ATH (Enter onl H WAS CALSED	y one touse pe	r line for (o), (b), and	(c) }	. C					EN ONSET AND DEATH	
1		*	IMMEDIA	TE CAUSE (o) _	Myocardi		liarci.	LOII			11186	ant	
ı		Conditions, if only	which gove >	DUE TO, C	or as a consequence Coronary	of anto	mar Ale	0000	anten	incoler	ot to	14 yr.	
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4		stoting the unde	lying couse	DUE 10, C	OR AS A CONSEQUENCE	OF							
1		_	GNIFICANT CON	DITIONS CONTR	IBUTING TO DEATH BU	NOT RELATED	TO THE TERMIN	IAL DISEASE OR C	ONDITION GIVE	N IN PART 1(p)			
1	_	4	J	21110112									
1	CERTIFICATION	190. DATE OF OPER	TION 19b.	CONDITION FOR	WHICH OPERATION WAS	PERFORMED	20o. AU	TOPSY?		YES, WERE FINDING	S CONSIDERED IN	CERTIFYING	
)	TIFIC						YES	NO 🔼	CAUSE	OF DEATH?			
1	_	21o. ACCIDENT W			E OF INJURY		HOW INJURY O	CCURRED (Enter	noture of inju	ry in Port 1 or Port	2, Item 18.)		,10
١	MEDICAL	or contributing			.M. Month Doy Yo .M.	19 20f							
- 1	WE			PLACE OF INJUR	RY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY.) 211	. LOCATION Str	eet or R F.D. No.	City	or Town	County	Stote	•
		While Not what work of wo					_				-		
		22o. I certify	that (I) (thi	s haspital)	attended the dece	ased from.	oune z	7 + 7 P Z	, to <u>A</u> D	r11 12	19 00 , th	at (I) (we) las	t
1		sow the	deceased a	ive on 1261	id) (did nat) view t		and that in { or death	mx) (our) api	nian death	accurred an the	dote and hou	ur and tram the	81
П		22b. SIGNATURE /	7	, (1) XHEJ (U	- O	ie body dir				2	2c DATE_SIGNED	40	
1		(MIL	1 luce	il.	ML, D	EGREE PHYS	144 A	IED.	STAFF [A]	pril l	5,1968	11a
1		22d. PHYSICIAN'S	£ ,	k .			22e. Al	DDRESS 148	West	Washin	gton S	treet	
		NAME (Type)	B. B.	"ne 1	sley, M.	D.		Hag	ersto	wn, Mar	yland		_
	23o.	BURIAL, CREMATIO	N, 23b. [23c. NAME	OF CEMETERY	OR CREMATORY			ON (City or Town)	(County)	(Stote)	
		REMOVAL (Specify)		4/15/68	Rest	Haven	Cemete	2So REC'D B	Hage	368 REGISTER	shington	n-Md	
3		FUNERAL DIRECTOR		J. We	ADDR	ESS	4 .	2So REC'D B	Y REG STRAR	SEB REGION	ST SIGNATURE	udge	
		Wast Ha	on tun	aral (1	hanal Idaa	OKATOW	n Mid	DATE A P	1 4 4 /	U4U //	U	-	

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by The Tagesta and director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pagesta and shauld be filled with the State Dept. of Health prior to burial, tremation, ar remayal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Lie executed within 24 hause Page 4 may lie retained by the haspital ar attending physician.



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 C6252 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	53
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month	Day Year 25 HOUR
× 0 0 0 A		Type or Print) / RV/N/). GROVE OF ESTI 4	25 1968 2P
and 3 to N3. Pogo	3. 5	EX 4. RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PROMOUNCED DEAD	2d HOUR
and and		M W 1014 1907 GOYRS 4 DOY 25	Year 1968 2 P
orm Sorm	70. (q0)	BIRTHPLACE (State or foreign 76. CT.ZEN OF WHAT COUNTRY? 8. MARRIED RIVEYER MARRIED 9. COUNTY OF DEATH 11/19 ARY Land U.S. A. W.DOWED DIVORCED UCASHINGTON	Co., "
after death 8. Give Poges 1, along with form with the State De	10.	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in nospital data gross of work done of the state of the st	126 KIND OF BUSINESS OR INDUSTRY
2		USUAL RESIDENCE (Where deceased lived institution: Residence before 13c. CITY OR TOWN. 13d MISTOE CTY LIMITS? 13e STREET AND NUMBER STATE ON 11cm 13b Court and Line State Line	- BOX 153
hour Item Offic Iond	14.	TATHERS NAME First Modele Lost IS. MOTHERS MAIDEN NAME First Middle STONE FLORENCE E. ST	Last
ithin pencil i		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 12-INFORMANT (es. ng. at unknown) 12-INFORMANT 219-12-2397 Ms. Ethel Grove-State	5 Line, PA.
executed wanding" in particular in particula		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) COVON AV OCCUSOR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMM & D
e executi pending" ef Medico rsit permi		MMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	THE PLANT
be ext "pend hief Me ansit po		rse to immediate cause (a), (b) ATUCYO SCLORESCE	413
would be on		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
the shift to the district the d		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART Ha	
certificate writing th orwarded to used as a l	_	4301 Dirbetes mellits	
	CERT F CATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
iffication de belong in the proof.	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21b T ME OF INJJRY Manth, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Itel	m 18)
3 S E E E E E E E E E E E E E E E E E E	MEI	21d INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 21f. LOCATION Street at R.F.D. No City at Town	Caunty State
ICAL EXAN e execute the tor. Page 4 tor. Page 4 ed for your CTOR: Page buriol, cren		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry	and in my apinion
ctor.		death resulted fram. Natural causes 💢, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗍	
pleose e. director. retained. DIRECTO or to bu		ACTUAL TO A 21/- CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHI	11/2/10
RAIL Pro		SIGNATURE MD ASSISTANT MED CAL EXAMINER WE DELLE STANDING ASSISTAN	IGNED 7/25/68
O DEPUTY necessary, if the funeral is may be no Funeral Health price.		NAME (Type) H. N. WEEKS 650 Northern & ADDRESS(Street, city, town, or county) WASHIMAT	on co.
0 5 ± 2 0 ± ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5	230	EURA CREMATION, 23b Date 23c NAME OF CEMETERY OR CREMATORY (23d , OCATION (C by ap Jown) (23d ,	(County) (State)
VR A15ME (5)	24.	PUNERAL DIRECTOR C C ADDRESS TOSS. RECT BY REGISTRAR 256 REGISTRARS S	GNATURE Judge
10M REV, 1768		CLIC, MINNELL - CAPENCIASTY, VIDATE APR 29 1000 f	00

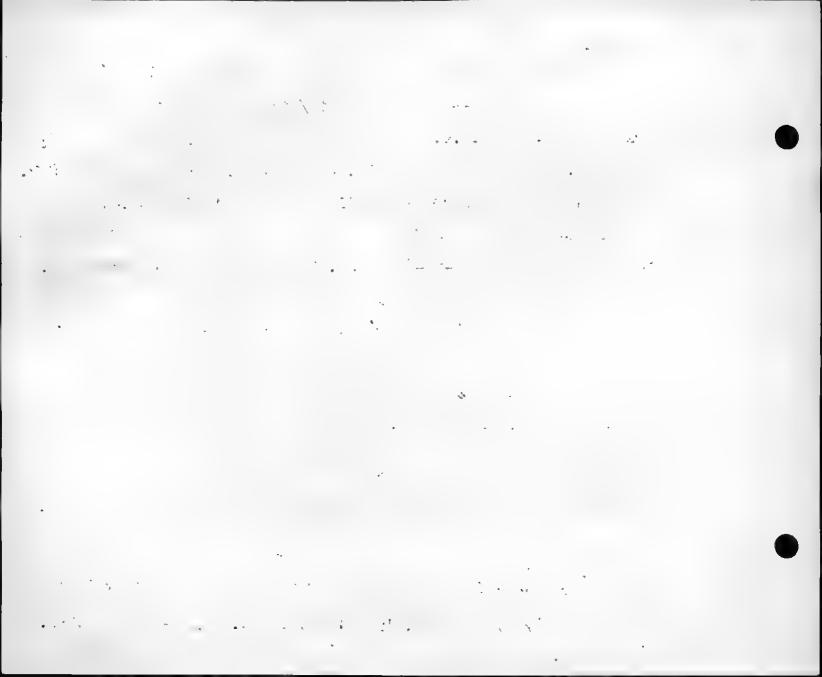


MARYLAND STATE DEPARTMENT OF HEALTH

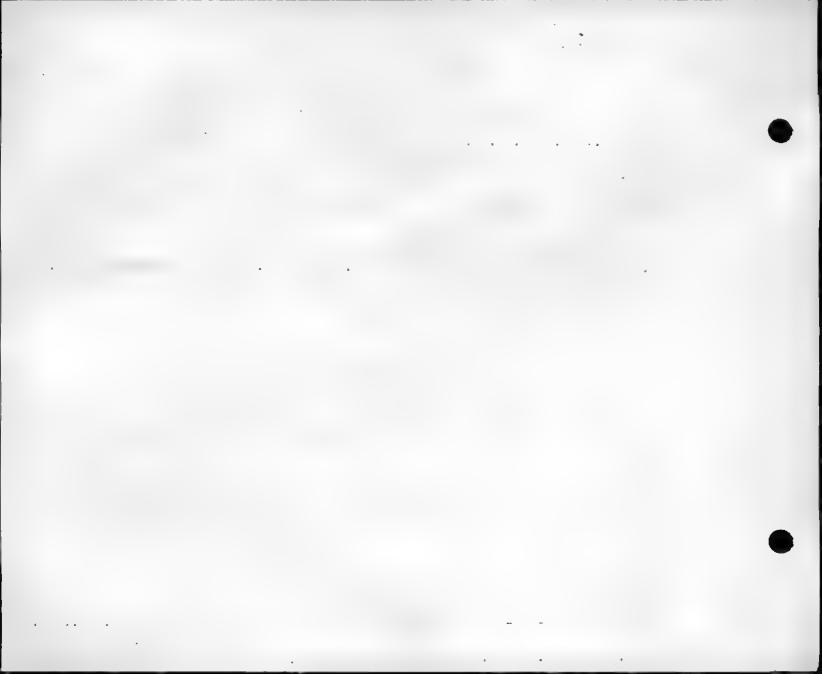
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2a DATE OF DEATH DECEASED-NAME Middle 25 HOURA PAUL SENFT HAMM APRIL Month 17 Doy 9680r (Type or print) :50 3. SEX 4. RACE 5. DATE OF BIRTH FUNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years last birthpay) HOURS 10/21/1906 MALE WHITE. 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar foreign MARRIED NEVER MARRIED country) PENNSYLVANIA U.S.A. WASHINGTON DIVORCED T WIDOWED [12a, USUAL OCCUPAT ON (Kind of work dane 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR HAGERSHOWN CO. HOSPI 13c, CITY OR TOWN 13g USUAL RESIDENCE (Where deceased lived, if institution; Residence before 38. INSIDE CITY LIMITS? 13e STREET AND NUMBER HAGERSTOWNYES 14 FATHER'S NAME First M.ddle Last IS MOTHER'S MAIDEN NAME First Last HOWARD C. HA MM ELLA SENFT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address es par unknawn) CHARLES HAGERSTOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line-far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. MUS IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNULICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO P YES 🖂 21 JAME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 19 __19 and that in (my) (our) opinion death occurred an the date and have ond from the saw the deceased alive an_ couses stated obove, (1) (we) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATED ATTENDING MED DIRECTOR DEGREE PHYS 22d. PHYSTUAN S NAME (Type) 22e. ADDRESS L'ASHINGTON NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) 19/68 LECHEY'S SPRING GROVE PENNA . FUNERAL DIRECTOR

requires that the death certificate be executed within 24 haurs after death vithin 72 haurs after physician and campletely filled in by the form blease remave carban papers. Pages gud signed by the burial-transit p O FUNERAL DIRECTOR: After this certificate has been as the prior ta į be detached directar, page 3 shauld be filed

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. AprilMonth (Type or print) Harding :00AM Harvey Fdward IF UNDER 24 HRS. 3. SEX 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (In years last birthday) HOURS May 7, 1890 Male White the attending physician and campletely filled in by sit permit. Then please remave carban papers. 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED country) Washington DIVORCED | WIDOWED TY Loudon Co., Va. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during_most af warking life, even if retired.) INDUSTRY Brownsville Railroad 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ddmission) STATE
Maryland 13b COUNTY Washington NO [YES T Brownsville +++++++++ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Last Last Cockrell Mary Harding John 16b SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) 705-09-3333 Mr. Kenneth E. Harding, Brownsville, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEAT permit. Houle MMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) cerot-T as the priartat Page 4 may be retained by the naspital or unterioring of FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a, AUTOPSY? CAUSES OF DEATH? NO C YES [far use 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State White Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 1 - 1, 1960, ta 1-1+, 1965, that (1) (we) last saw the deceased alive an 1-1-1-1968, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave (i) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR director, page 3 shauld be filed v DEGREE PHYS 22d PHYSICIAN S 22a, ADDRESS JOSEPH SECONDAR BOONSBORO NAME (Type) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (Stote) PEMOVAL (Specify) 4- 16- 68 Brownsville Cemetery Brownsville Wash. Co., 25n, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 112 N. Main St. Boonshore, MyDATE ADD 196B 30M REV, 1/68-



5 1 | .

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	000	055		(ERTIFIC	ATE OF DEA	TH	,		167 3	3	
	CEASED NAME	First		Middle		Last	20	DATE OF DEATH	D V.	2b HO	UR A	
,,	(ype or pont)	Richa	rd	Austin	H	arrell			Day 1968	1:30	D M	
3. SE	X Male		4. RACE Whi	te		5. DATE OF BIRTH 3/4/14		6 AGE (In years last birthday) 54	TE JINDER MONTHS YRS.	YEAR IF UNDER 24 DAYS HOURS	MRS.	
7a. l cour	BIRTHPLACE (Sto	ngton,DC	b. CITIZEN OF WE	IAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED		WASHINGTO)is:		Md.	
10. C	ITY OR TOWN OF HAGERS! USUAL RESIDEN	of Death COWN	give s WEST	ME OF HOSPITAL OR INS Treet address) YERN MD. S' Ian: Residence befare/	PATE H	OSPITAL OUT	ing most of mach & city L-Mits?	UPATION (Kind of work of working life, eyen if retire in is t—fanotu 13e STREET AND NUMBE	ed INDUS	ND OF BUSINESS OF TRY spaper	R	
odm	ission) STATE	Maryland	13b COUNTY	ice George	Hyat	tsville YES D	NO	5700 Que er	s Chap	el Rd.		
14. [FATHER'S NAME	First	Middle	Last	15	MOTHER'S MAIDEN N	AME First	Midd	le ,	Fallin		
		Hardee		Harrel			Lena			Polin		
160 Y	WAS DECEASED es, no pr unkno	ever in U.S. ARME wn) (If yes give war	D FORCES? or dates of service)	578-07-33		therine J.	Harr	ell Silver				
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)									APPROXIMATE INTERVAL TWEEN ONSET AND DEAT		
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Lobular pneumonia									5 days		
	147 × DUE TO, OR AS A CONSEQUENCE OF											
	Canditions, if any, which gave is to immediate cause (a), (b) Carcinomatosis									unknown		
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF									20 mos.		
											EO MOS.	
~	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
CERTIFICATION	19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PER					RMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CO				ONSIDERED IN CERTIFYING		
MEDICAL CER	OR CONTR BUT	TWAS UNDERLYING ING CAUSE OF DEATH Ty medical examine	HOUR A.M.	INJURY Manth Day Year	21c. H	DW INJURY OCCURRED	(Enter natu	re of injury in Part 1 or Pa	rt 2, Item 18.)			
ME	21d. IN. JRY (While No	CCURRED 21e P	LACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.				City ar Tawn	Caunty			
	22a. I certify that (I) (this translation) attended the deceased from Feb. 19, 1968, to Apr. 16, 1968, that (I) 1968 and that in (my) (305) opinion death accurred on the date and haur and from the causes stated above, (I) (Nove) (did) (NOV) tiew the body after death.											
	A THE PARTY OF THE							22c. DATE SIGN 4/16/	68			
	22d. PHYSICIA NAME (T ₁	N 5		s, M. D.		1500 Pe	nnsyl	vania Ave.,	Hagers	town		
23a	BURIAL, CREM			23c. NAME OF			1	LOCATION (City or Town)		, ,		
	REMOVA (Spe		il 18. 1	1968 Gate	of He	aven Cemer	eru	Silver Spri	ng I'ld			
-	EUNERALDINES Warner	1986 GU	en Carte	r 84 Jepress	a. Ave	nue 250 DATE	PR PEG	Silver Spra	CARTA CAR	udge		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by a director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pla should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 72 hours VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirem that the death certificate be executed mithin 24 howrs after death

Poge 4 may be retoined by the hospital or ottending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pag shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs at

Page 4 may be retained by the haspital or attending physician.

	1	CI	EKIIFICA	TIE OF DEATH							
	CEASED NAME First	Middle		Last	2a. D	DATE OF DEATH		2b. HOUR			
(T	ype or print) CHARLE	S W.	HA	RSHMAN		April 28					
SE	X	4. RACE	S	. DATE OF BIRTH		6. AGE (In years	MONTHS DAY				
	male	white		August 5,1			MONTHS DAY	3 POURS MIN.			
o. E	BIRTHPLACE (State or foreign 7	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED 🗀	NEVER MARRIED 🗌	9. COU	NTY OF DEATH					
aun	Maryland	U.S.A.	MIDOMED 3	DIVORCED []	1000	ashington		Md.			
O. C	ity or town of death Hagerstown	11. NAME OF HOSPITAL OR INSTI give street address washingt on	ITUTION (If not	in hospital 12a. USU/ OSpital uring m		PATION (Kind of wark done orking life, even if retired). C. Parmer		of Business or ming			
30		d lived, if institution. Residence befare				13e STREET AND NUMBER					
	Maryland	13b. COUNTY Frederick N.	yersv	ille YES N	010	Wolfsville					
4 F	FATHER'S NAME First	Middle Lost	15	MOTHER'S MAIDEN NAME	First	Middle		Lost			
	Ezra	Harshman		Catherin	ne l	Leatherman I	larsh	nan			
60.	WAS DECEASED EVER IN U.S. ARME			FORMANT		Address	-				
Υ	es, no. ar unknawn) (li yes gwe wer	r or dotes of service) 215-36-71	26 Ha	rry G.Hars	3hma	an Myersvil					
٦		r ane cause per line for (a), (b), and (c).)						OXIMATE INVERVAL IN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED IMMEDIAT	1	week								
	600 X										
	Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Hydronephrosis							vears			
	nse to immediate cause (a),										
	lost. Benigh Prostatic hypertrophy							vears			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
NO	19g. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PERF	EUDWED	20a AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFY					
3	TYO. DATE OF OPERATION	ONDITION FOR WHICH OFERANION WAS FERE	UKALU		7	CAUSES OF DEATH?	CERTIFIC				
FRTII	210 ACCIDENT WAS UNDERLYING	LOT THE OF HUMBY	las um	YES NO X	н	afure of injury in Part 1 ar Part 2, Item 18.)					
N.	OR CONTRIBUTING CAUSE OF DEATH		ZIC. HUY	A HAYOK I OFFICKED (FULG	ngtyre	nature of injury in ran 1 at ran 2, item 16.)					
203	(If either, notify medical exomine	er) P.M. 19									
Σ.	21d INJURY OCCURRED 21e P While Pat work at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21f. LOC	ATION Street or R.F.D. No).	City or Town	County	State			
	22a. L certify that (I) (this	s haspital) attended the deceased	d from	5-28 , 19	<u>56</u> ,	ta <u>4-26</u> , 19	68_, th	at (I) (we) last			
	saw the deceased ali	ive an 4-26 19 (i) (we) (did) (did not) view the bo	<u>68</u> , and	that in (mv) (our) op	inion d	leoth occurred on the do	ite ond hou	ir and from the			
	22b. SIGNATURE	/		/	MED.		DATE SIGNED				
	Charles It	Har	DEGRE	E PHYS	MED. Direct <mark>o</mark> r	STAFF PHYS.	4-29-	68			
	22d. PHYSICIAN'S NAME (Type) Charle	s F. Hess, M.D.		22e. ADDRESS St	ni th	sburg, Maryla	nd 217	83			
230	BURIAL CREMATION, 23b. D.	ATE 23c. NAME OF CE	EMETERY OR C	REMATORY	23d.	LOCATION (City or Tawn)	(County)	(State)			
	A # 14 A 15 A 15 A		nickl	e's Nr.	1		red	Md .			
24	FUNERAL DIRECTOR	ADDRESS	مريدن مددد	2So. REC'D			SIGNATURE	0			
	Tagar	F. Bittle. Mver	rsvill	e Md DATE	14 3	10 1968 HELL	arles	udge			

Myersville, Md

DATE

Bittle,

VR A15 (4) 30M REV 1/68



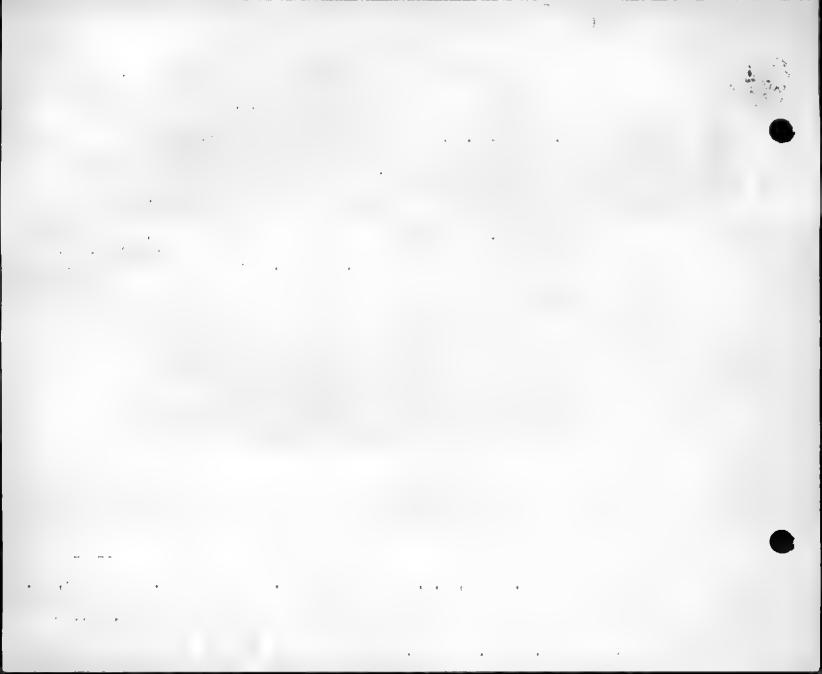
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 36263 2b. HOUR DECEASED-NAME Last 2a, DATE OF DEATH First Apritanth (Type or print) unera 5:10Pm Lena Carovin Harshman 4. RACE IF UNDER I YEAR JE UNDER 24 HRS. 3 SEX S. DATE OF BIRTH 6. AGE (In years signed by the attending physician and completely filled in by the Tu burial-transit permit. Then please remave carban papers. Pagus 4 burial, crematian, ar removal, and in any event, within 72 hours after (rthdoy) طعوا April 18, 1913 Female White requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED A NEVER MARRIED Boonsboro, Md. U. S. A. Washington WIDOWED | DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) ton Co., Hospital during most of working life, even if retired.) UNDUSTRY Home Hagerstown 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 138. INSIDE CITY LIMITS? 13e STREET AND NUMBER odm.ssion) STATE Marvland hington 108 Della Lane Boonsboro 14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Nettie Foltz Daniel W. Emmert Bedrasboro, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yas give war or dates of service) Mr. Glenn S. Harshman, 108 Della Lane, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Canditions, if any, which gave) rise to immed ate cause (a), stoting the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 for use Health 210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of mount in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol examiner) HOUR A.M. Manth Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREFT, FACTORY,) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at wark 22a. I certify that (i) (this haspital) attended the deceased fram from 1944, to 25.19.45, that (i) (we) last saw the deceased alive an account 25.19.45, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave, (i) (we) (did) (did not) view the bady after death. , 1944, ta acut 2, 19 68, that (1) (we) last 22b. SIGNATURE 22c. DATE SIGNED MED.
DIRECTOR 4--29-68 DEGREE director, page 3 22d PHYSICIAN'S 22e ADDRES 363 S. Cleveland Ave. Hagerstown, Md. Edson B. Moody NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State Boonsboro, Wash. Co., Md. 23o. BURIAL, CREMATION, 23d LOCATION (City or Town) 23b. DATE 4- 27- 68 REMOVAL (Specify) Boonsboro Cemetery

ADDRESS

John H. Bast, Jr. 112 N. Main St. Boonsboro Md DATE

24. FUNERAL DIRECTOR

25a. REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 63258 CERTIFICATE OF DEATH Last 2g. DATE OF DEATH 2b. HOUR DECEASED NAME First Middle after death. Month (Type or print) William Clav Hart April IF LADER 24 HRS. IF JINDER YEAR 4. RACE S. DATE OF BIRTH 6 AGE (In years 3. SEX MONTHS HOLRS iost birthdoy) June 4,1907 60 White Male 9. COUNTY OF DEATH 70 BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED **NEVER MARRIED ** country Wash. Washington WIDOWED DIVORCED [12g USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address)
Route during most of warking life, even if retired) W Md event, with The law requires that the death certificate be executed with the attending physician and campletely find permit. Then please remove carbon Hagerstewn, Md. 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN odmission) STATE Washington Hagerste Reute 2 and in any 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First First Middle Marv Beard Arthur Hart 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates at service) Yes, no, or unknown) 220-10-3464 Mrs Charlette Hart, Reute2 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditions, if any, which gave t burial-transit nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or unenumy O FUNERAL DIRECTOR: After this certificate has been the the 0001 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO [YES 🖂 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) gr OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year of (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County While Nat while at work 1967, to 17 ps 22a. I certify that (I) (this hospital) attended the deceased from De C / 3 saw the deceased alive an Mar 20 ___1965, and that in (my) (our) apinian death accurred an the date and haur and fram the shauld causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE **ATTENDING** MED. DIRECTOR 4-2-68 PHYS. PHYS director, page shauld be filed 22e. ADDRESS 217 W. Washington Street 22d. PHYSICIAN'S NAME (Type) Edward W. Ditto, III. M.D. Hagerstown, Maryland 23d. LOCATION (City or Town) 23a. BURIAL CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b DATE Wash Clear Spring Md Pauls Cem. 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR VR A15 (4) Elian 196B 30M REV, 1/68 o Clear Spring.



MARYLAND STATE DEPARTMENT OF HEALTH 0.259 -DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 vo265 CERTIFICATE OF DEATH lost 2n DATE OF DEATH 2b. HOUR DECEASED NAME Midd a First requires that the death certificate be executed within 24 haurs after death. (Type or print) P HARTLE ANNIE MARTA IF UNDER 24 HRS IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years 3 SEX lost birthdov) the attending physician and campletely filled in by the sit permit. Then please remave carban papers. Page matical, ar remaval, and in any event, within 72 hours a 1.876 92 Febv 14 Female whi te 9 COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8 MARRIED [] NEVER MARRIED [DIVORCED [Washington WIDOWED-Maryland 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street oddress) during most of working life, even if retired)
Housewife INDUSTRY Williamsport Own Home 13o. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE 1 1122 Potomac Ave Hagerstown 14. FATHER S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost John I. Summer Annie M. Bachtel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16b. SOCIAL SECURITY NO. Yes, ne, or unknown) Mrs Marie A. Hartsock woller Mone wagerstown Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH Indefinite Cerebral arteriosclerosis IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Indefinite signal by the burial-transit p Cerebral arteriosclerosis nse to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the TO FUNERAL DIRECTOR: After this ___tificate has blen Chronic nephritis 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [X] 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County 21d INJURY OCCURRED While Not while at work 22a. I certify that (I) (this hospital) attended the deceosed from Dec. 19, 19 05, to ADI 11 9, 19 05, that (II) (we) last sow the deceosed alive on Farch 8 19 08 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b. SIGNATURE April 10,1968 ATTENDING PHYS. director, page 3 should be filed v DEGREE West Washington Street 22e. ADDRESS 22d PHYSICIAN'S B. Kneisley, M.D. Hagerstown, Maryland NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE 230 BURIAL CREMATION, Rose Hill Cemetery Hagerstown Wash Co Md 250 REC'D BY REGISTRAR ADDRESS. Cofiman Funeral Home Inc 1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

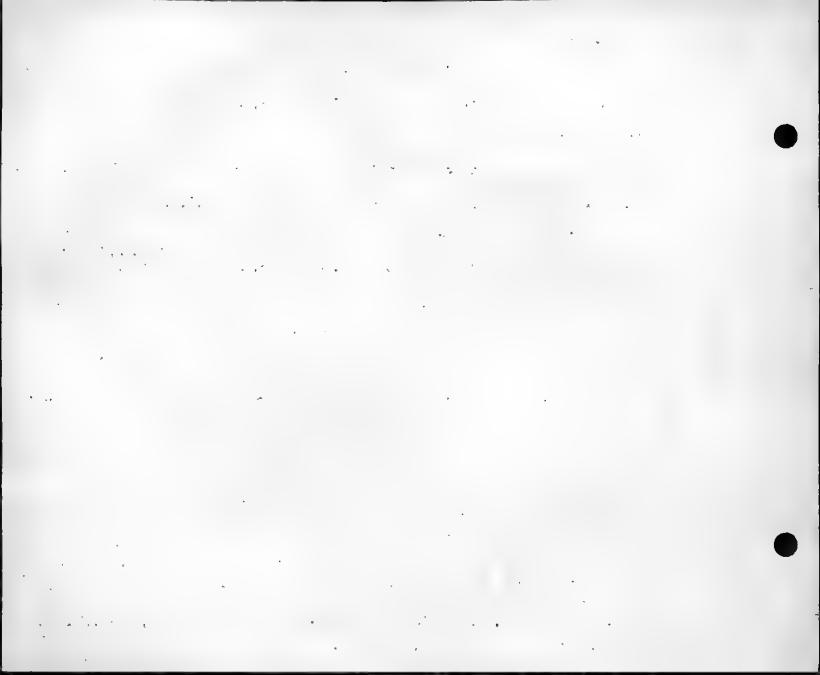
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4 FA	THER'S NAME	First	Middle		ist	15 MOTHER'S	MAIDEN NAME			Middle	13341	Lost
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léo. Y Yes	WAS DECEASED EV s, no, or unknown	'ER IN U.S. ARMEI) (If yes give war-	O FORCES? or dates of service)	165 SOCIAL SECU		7. INFORMANT					Mary	and
T						ers.Ch	rles M.	Snapr	<u> </u>	FD #2	APPROXIM	ATE INTERVAL
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CERTIFICATION	70. 57112 91 9121		TO THE TOTAL	THE STERMINGS OF	TIST ENT OFFICES	YES		CAUS	ES OF DEATH?			.,
EE 2	10 ACCIDENT W	AS UNDERLYING	216 TIME	OF INJURY	210		OCCURRED (Ente		urv in Port 1 o	or Port 2. Ite	m 1B.)	
ă		medical exomine	HOUR A.M	1 Month Doy 1.	Yeor 19		•		1917			
a	21d INJURY OCC While Not w it work at wo	ork 🔲		(AT HOME, FARM, STRE OFFICE BUILDING, ETC			reet or R.F.D. No		ty or Town		County	Stote
7	22a. I certify	that (I) (this	hospitol) o	ttended the dec	eased from-	DRA	, 194	> , to_	clan	, 19 <u>_6</u>	£, that	(I) (we) lost
	saw the	deceased aliv	e on // G	l) (did not) view	ر تعاملا مالان المالان المالان المالان	and that in (my) (aur) ap	inion death	occurred a	n the date	and haur a	nd from the
1	225 SIGNATURE	///////////////////////////////////////	// (we) (and	i) (diamon) view	inc oddy on					22c. DA	TE SIGNED	
ŀ	186. (111	0	10	DI	EGREE PHYS	DING D	MED. DIRECTOR] STAFF [1 Cla	121.	1918
2	22d. PHYSICIAN'S NAME (Type)	124	vles (Spen.	cem		DORESS 155 PI	is pect	- ST-	Ha	rerstin	on
	BURIAL, CREMATIC				E OF CEMETERY				TION (City or To		(County)	(Stote)
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DATE

TO FUNERAL DIRECTOR: After this certificate has be≡n signed by the attending phy⊪icia≡ a≡J ca≡yletely fille≣ in by the, director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers—Pages should be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours at VR A15 (4) 30M REV, 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death,

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR First PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. (Type or print) Month 25 Day MYRTLE BELLE HELLER 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR last birthday) WHITE 4.29.1892 FEMALE physician and completely filled in by the 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED CUMBERLAND MD U.S.A. WIDOWED X DIVORCED [WASHINGTON 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR most of warking life, even if retired.) give street address) remaye carban HANCOCK and in any event, 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES ... 28 W. MAIN HANCOCK 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last JOHN HAHNE MARY TALLEY 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) NO NHOL MAIN ST. HANCOCK ar remayal, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immed ate cause (a), burial-transit DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Page 4 may be retained by the haspital ar attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 far use 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) detached (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or 2 d. INJURY OCCURRED 21s. PLACE OF INJURY R F.D. No State City or Town Caunty While Not while at wark at wark 22a. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an-22c DATE SIGNED 22b. SIGNATURE lirmetar, page 3 Kould bii filed v DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Sold 23d LOCATION (City or Town) (County) 23a BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) HANCOCK WASHINGTON 25a, REC'D BY REGISTRAR

30M REV 768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2o. DATE OF DEATH DECEASED-NAME Middle First 2b HOUR (Type or print) Yeor 08 3. SEX IF LINDER & YEAR F JNDER 24 HRS 6. AGE (In years lost birthday) HOURS 9 COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED country) Nashin DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OF during most of work ng life, even if retired.) give street oddress) remove corbon **.** = × illiamsPort Kr94 man Homew 00 event, 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 3d. INSIDE CITY LIMITS? odmission) STATE 13b COUNTY T ony 6 14 FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First unpuo please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 15-36-6515A signed by the attending phy burial-transit permit. Then APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (o) BETWEEN ONSET AND CEATE Conditions, if any, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been the Health prior to 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING g Q CAUSES OF DEATH? NO FÃ YES 🗔 USe 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 218 PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. 21d. INTURY OCCURRED City or Town County Stote While Not while at work 22a I certify that (I) (this haspital) attended the deceased from 1965, ta 4, 1965, ta 4, 1965, that (I) (we) last saw the deceased alive an 4, 1965, ta 4, 1965, causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING director, poge should be filed PHYS 22d. PHYŠICIAN S 22e, ADDRESS NAME (Type) OTTTad 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY 23b. DATE 230 BUR AL, CREMATION, (County) Burial (Specify) Walkersville, Frederick, Md. 4-20-1968 Glade Cemeterv 250 REC'D BY REGISTRAR 1968 24. EUNERAL DIRECTOR

Frederick. Maryland

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

VR A15 (4)

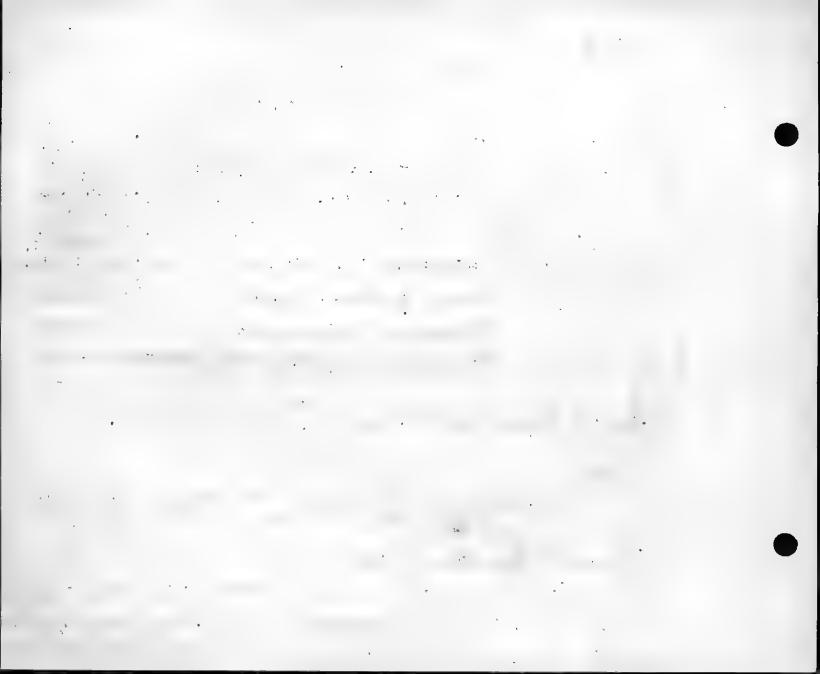
30M REV. 1/68

Dailey



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH Middle Last I. DECEASED NAME First 2b. HOUR the attending physician and cumpross, papers. Pages I and sist permit. Then please remave carbon papers. Pages I and sist permit, ar remaval, and in any event, within 72 hours after death. (Type or print) ELIZA HOOVER EDNA 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER & YEAR physician and campletely filled in by the iast birthday) HOURS JUNE 18, 1881 WHITE FEMALE law requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) U.S.A. WASHINGTON MARYLAND WIDOWED DIVORCED F 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital HAGERSTOWN CO. HOSPITA 13c, CITY OR TOWN 13e STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13b. COUNTY MARYLAND HAGERSTOWN 426 NORTH POTOMAC STREET Middle 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Last Middle ALICE ELDER HOOVER MARY GAVER Α. 426 Address N POTOMAC ST. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service)
Six six six six six Yes, no or unknown) detached far use as the burial-transit permit. Then pl te Dept. af Health priar ta burial, crematian, ar remaval, AVAILABLE MRS. ALICE H. BELL. HAGERSTOWN. MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: One minute Thrombosis of Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Sigmoid obstruction YES X 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY HOUR A.M. Month Day GR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. director, page 3 shauld be detache shauld be filed with the State Dept. 21e. PLACE OF INJURY County State 21d. INJURY OCCURRED City or Town While Nat while at wark 22a. I certify that (I) (this Mospitals attended the deceased from 3/27, 1968, to 4/24, 1968, that (I)XXXX) last saw the deceased alive an 7/24 1968, and that in (my) XXXX opinion death occurred an the date and hour and from the Page 4 may be retained causes stated abave, (1) (Wet (did) (dalant) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED 4/25/68 DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) O. D. SPRECHER 1229 RAVENWOOD HEIGHTS. 230 BURIAL, CREMATION REMOVA, (Specify) BURIAL 23b. DATE 23d. LOCATION (City or Town) (State) 23c. NAME OF CEMETERY OR CREMATORY (Caunity) 250 REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 100M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

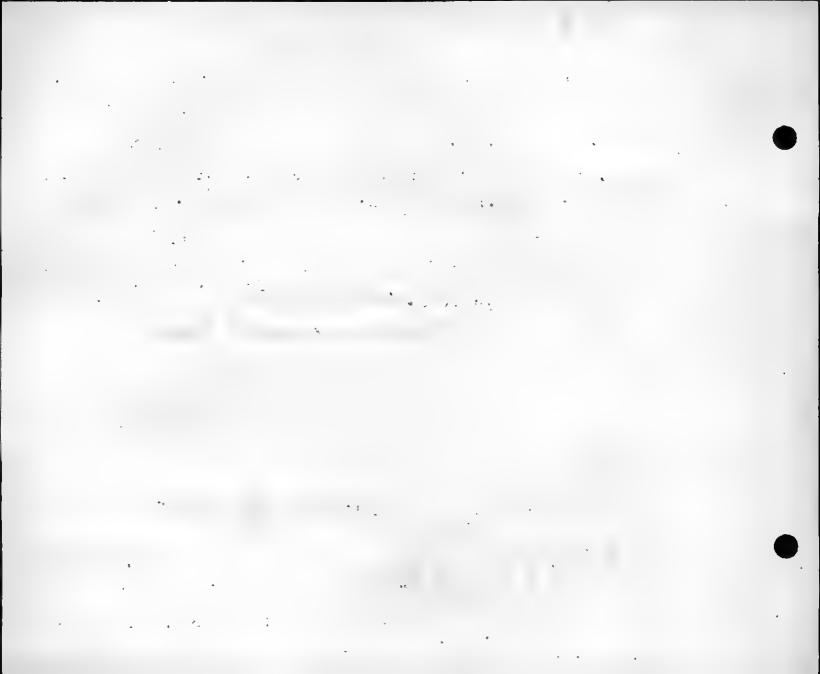
		· ·			ERTIF	ICATE OF	DEATH				- 3
_ 2 4		CEASED-NAME Fin	st	Middle		Lost		2o DATE OF DE			2b. HOURD
ond 2 deoth	(1)	ype or print) MII	ES			HORST			Month Dry	/ Year	9:00 M
	3. SE	X	4 RACE			S. DATE OF E	BIRTH		AGE (In years	IF UNDER I YEAR	NE JADER 24 HRS
Puges ours affe		MALE	WH	ITE		MAY	25. 189	91	ast birthdoy) 76 YRS.	MONTHS DAYS	HOURS MIN.
- 5 B	7e 8	IRTHPLACE (State or foreign	7b CITIZEN OF WHA	T COUNTRY?	8. MARRIE	D X NEVER MA		9 COUNTY OF DE	ATH		
papers.	P	ENNSYLVANIA	U.S.	A.	WIDOWE		RCED 🗍		WASHI	NGTON	Md.
		ITY OR TOWN OF DEATH	11 NAM	WE OF HOSPITAL OR INS	I) MOSTUTS	f not in hospital	12a USU/	AL OCCUPATION (KI	nd of work done	12b KIND OF	BUSINESSISEL
carbon ent, with		HAGERSTOWN			10. H	OSPITAL		ETIRED EN		U.S.	GOVERN-
mplet /e car event,		USUAL RES DENCE (Where dece	osed lived, if institution	in: Residence before	13c CITY		136 UNSIDE CITY L		T AND NUMBER	MAN COMP	E/201
0 =		"FENNSYLVANIA	13P COUNTY LE	BANON V	LEBA				EAST WAL	NUT STR	<u> </u>
nd an an	14 F.	ATHER S NAME First	Middle	Last		is. Mother's A			Middle T	OBERHO	lost
se od ir		URIAH		HORST			EMM		Li		
sicic pleo J, ar	16a. Ye	WAS DECEASED EVER IN U.S. A es no or unknown) ("1 yes give NO")	war or dates of service)	16b. SOCIAL SECURITY N		7. INFORMANT	ב ואיט למוזות		3 EASTS W		
phy en ovo	 			KOT AVAILAB		PRS. KA	ITHRIN I	R. HORST	LEBANON		YLVANIA
by the attending physician and a tronsit permit. Then please remote tremation, or removal, and in any	Н	18. CAUSE OF DEATH (Enter - PART I, DEATH WAS CAUS		for (a), (b) and (c).)	1.	500	0	- O. A-1	1		INSET AND GEATH
attendir permit. ion, or re			DIATE CAUSE (a)		yec	or C	du	race	<i>y</i>		-ar-c
per per tion	Ш	Conditions, if any, which gov		A CONSEQUENCE OF		- 0.	- 1	- 1	77.	1 /	~ 6.
nsit pu		rise to immediate couse (a)), ((b)	July 1	-60	Color of the color	4	a fe	recu	4	
signed by the burial-tronsit burial, cremat	Н	stating the underlying cause	DUE TO, OK AS	A CONSEQUENCE OF	111	a ar	tere	1 di		119	211.
signed burial-l burial-l	H	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTI	NG TO DEATH BUT NO	T RELATED	TO THE TERMIN	AL DISEASE OR C	ONDITION GIVEN IN	PART I(n)		
		A.VIII.	enter C	- Sent &	6.	Con	- 0.	1.1	outers !	,	
icote has been for use os the Health prior to b	CERTIFICATION	19a. DATE OF OPERATION 19	6 CONDITION FOR WHIC	H OPERATION WAS PER	FORMED	20g. AUT	OPSY?		S, WERE FINDINGS C		ERTIFYING
has har hpr	TIFIC					YES	ј ио 🔀	CAUSES OI	DEATH?		
rificote ho de far use of Health		210. ACCIDENT WAS UNDERLY			21c.	HOW INJURY OF	CURRED (Ente	noture of injury i	n Port 1 ar Part 2,	Item 18.)	
4 4 7		OR CONTRIBUTING CAUSE OF O		Manth Doy Year							
this certification of the Dept. of		21d INJURY OCCURRED 21	e. PLACE OF INJURY (AT HOME, FARM, STREET, FACT	ORY) 21f.	LOCATION Stre	et or R F.D Na	. City or	Town	County	Stote
ECTOR: After this ce 3 shauld be detache with the State Dept.		at work at work				-	50	10		18	
State		22a. I certify that (I) (sow the deceased	this kiospital) atter	ded the decease	d froms) 60/F	19	0 , to 9	agra 19	, that	(I) (XXX) (I)
he S	Ш	sow the deceased courses stoted abo	alive on	ticl worth view the h	nody ofte	ind thot in (n ir aboth	ny))(≬įį̇̀į) opi	inion deoth occ	urred on the do	ite ond hour	ond from the
DIRECTOR: A DIRECTOR: A ge 3 shauld led with the		22b. MGNAPURE	ve, (1) (74) (did/)	THE VIEW HIELD		/ /			22:	DATE SIGNED	
DIRECTOR W	П	Marken	4/1/11	Julan	1/6	GREE PHYS			TAFF A	PRIL 6	1068
file		22d. PHYSICIAN S	100	1 1	/	22e. AD			[23	Transfer A	1700
d be	П	NAME (Type) RICH	ARD T. BIN	FORD, M.D	4	113	5 POTO	MAC AVENT	JE, HAGER	STOWN.	MARYLANI
O FUNERAL DIR director, poge should be filed	230.	BURIAL, CREMATION, 231	o. DATE	23c NAME OF C	EMETERY (OR CREMATORY		23d. LOCATION	City or Town)	(County)	(State)
ਦੇ ਚੋਲ		REMOVAL (Specify) BURTAL	4/9/68	SCHAEF	FERS	COWN CEN			BERG TWP.		CO. PA.
VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR	R	OUZER FUN	ER A T	номя	APR	9 _ 1968	2Sb REGISTRAR'S	SIGNATURE	LAE
30M REV 1/68	1 7	delam y Sin	hoolies a. H	AZER STOWN	MAE	TOTE	DATE	2 - 1000	1	7	0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 20 DATE OF DEATH 1. DECEASED-NAME First (Type or pant) Baby Girl April Month Day 10 Year 68 Hett 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years Female White April 9 1968 last birthday) ANON THS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED Co. Md. Washington Washington County U.S.A WIDOWED | DIVORCED | 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION AT THE POPULATION 12b KIND OF BUSINESS OR INDUSTRY None give street address) during mast af warking life, even if retired.) carbon requires that the death certificate be executed with Washington Co. Hagerstewn the ottending physicion and campletely sit permit. Then please remove carbon signed by the ottending physiciom and camplete burial-tronsit permit. Then pleose remove carb burial, cremation, or removol, and in ony event, 13c CITY OR TOWN 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13e STREET AND NUMBER 13d. WISIDE CITY LUMITS? 13b. COUNTY Washington Sharpsburg YES 🗔 RFD #1 14 FATHERS NAME Last IS. MOTHER'S MAIDEN NAME First Middle Middle Lost Hott Rennie Mary Smith 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no or unknown) None Mr. Rennie Hett Sharpsburg Md. RFD#1 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' Conditions, if ony, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to 1 Page 4 may be retained by the nospilor of ordering O FUNERAL DIRECTOR: After this certificate has been as the the 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from Capail 19 6, and that in (my) (our) opinian death occurred on the date and hour and from the saw the deceased olive ancouses stated obove, (I) (we) (dig) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SJGNED DEGREE DIRECTOR 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) F.D. Dove Jr. M.D. Hagerstewn, Maryland director, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL, CREMATION, 23b DATE BIRSMOVAL (Specify) Near Tilghmanton Washington Md April 12-68 Manor Cometery 24 FUNERAL DIRECTOR ADDRESS 25g REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) 30M REV, 1/68 Albert L. Leaf Williamsport Maryland

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Middle 20, DATE OF DEATH DECEASED-NAME First Lost 2b. HOUR (Type or print) Floyd Maxwell Kretsinger 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNCER 24 HRS. 6. AGE (In years last birthday) HOURS White Jan.15.1899 Male 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED | Washington U.S.A. Washington ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
Washington County Hospital during most of working life, even if retired) **INDUSTRY** Hagerstown Farmer Orcharist 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) MSTATE Mary1 Washington YES Chewsville.Wash.County Hagerstown and 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Emma Beard Frank H. Kretsinger 165 SOCIAL SECURITY NO 61 9. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service)
None Yes, no, or unknown) Mrs. Beulah Hoover Smithsburge, Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19o. DATE OF OPERATION 2Do. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO D YES 🖂 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work at work 22a. I certify that (1) (this hospital) attended the deceased from 3-14, 1960, to 4-18, 1966, that (1) (we) last saw the deceased alive on 4-18, 1960, and that in (my) (ver) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING 22d. PHYSICIAN'S 22e. ADDRESS theburge, Maryland. F. Hess Charles NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) (State) 230. BURIAL, CREMATION, REMOMAL Specify 21 Mausoleum Smithsburg /68 2So. REC'D BY REGISTRAR Anterewell Coffman Funeral Meme Inc. 25b REGISTRAR S SIGNATURE 1968

requires that the death certificate be executed within 24 haurs after death. physician and campletely filled in by the funera ban papers. Ph within 72 haum please remave carban signed by the attendii burial-transit permit. O FUNERAL DIRECTOR: After this certificate has been as the be retained by the haspital ar 힏 be detached director, page 3 sha should be filed with

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and

30M REV

Hagerstown . Maryland.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 126/68 RICERTIFICATE OF DEATH Last DECEASED-NAME Middle 2n. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) Manth 50 physician and campletely filled in by the funeral en please. Pages 1 wtd and, and in any event, within 72 haurs after debt IE UNDER 24 HRS 6. AGE (In years IF UNDER 1 YEAR DAYS HOURS last birthday) MONTHS White 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or fareign 8. MARRIED 🗀 NEVER MARRIED 🔀 country). WIDOWED [DIVORCED [12a USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY GERSTOWN 14.5HINGT W 13a USBAL RESIDENCE (Where deceased lived, if institution; Residence before 138 INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN YES [Middle 14 FATHER S NAME Middle Last 15. MOTHER 5 MAIDEN NAME First TRICI 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (III yes give war or dates of service) attending physoermit. Then p 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Immaturity 35 minutes IMMEDIATE CAUSE (o) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗔 YES 🔲 2) a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME FARM, STREET, EACTORY) 21f. LOCATION Street of R.F.D. No. 21d INJURY OCCURRED State City or Town County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 4-15, 1968, ta 4-15 _19 🚅 and that in (my) (aur) apinion death accurred on the date and have and from the saw the deceased glive an 44-45 causes stated abave, (i) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE directar, page shauld be filed PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) shauld k 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) WASHINGTON COUNTY HOSPITAL HAGERSTOWN, MARYLAND 25a. REC'DARY PEGISTRAR VR A15 (4) 30M REV, 1/68 DATE

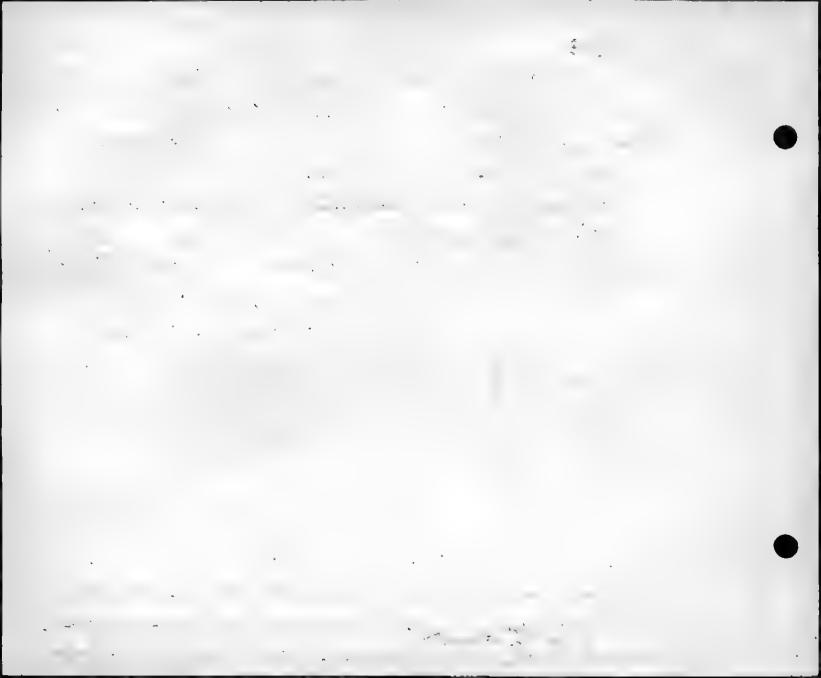


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	50000		CE	ERTIFICA	TE OF DEAT	TH			, > 1	('n		
	ECEASED NAME First		Middle		last	2a.	DATE OF DEATH Month	Day	Vana	2b HOUR		
- (1	(ype or print) CRY.	STAL	ANN		LEWIS		APRIL	Doy 5	1968	655 A.N		
3. 58	X	4. RACE		S.	DATE OF BIRTH		8 AGE (In yellast birthdo)			LINOER 24 HRS. HOURS IN N.		
	FEMBLE	WHI	TE		APRIL	14-1	1968 0	YRS.		13 20		
	BIRTHPLACE (State or foreign 7	b CITIZEN OF WHAT			NEVER MARRIED	9. COU	NTY OF DEATH					
	MARYLAND	U.S.A.		WIDOWED [DiVORCED [WASH			M		
10. (LITY OR TOWN OF DEATH	give stree	OF HOSPITAL OR INSTI oddress)	`			JPATION (Kind at work vorking life, even if re		. KIND OF BU FUSTRY	SINESS OR		
	USUAL RESIDENCE (Where deceased issian) STATE		Residence before	13c CITY-OR TO	WN 13d. INSIDE	NO DC	13e STREET AND NUM	BER	1	10		
3.4	FATHER'S NAME First	Middle	Inst	15 1	NOTHER'S MAIDEN NA		ROUTE	ddle	TOX S	lost		
14	FATHER'S NAME PIS	IMIGGIA	LEWIS	13. n	MAIDEN NA	7	,	udie //	7	1031		
160	WAS DECEASED EVER IN U.S. ARME	D EODICES IN	b. SOCIAL SECURITY NO	117 INF	ORMANT //	984	Lou	iress Paul	KIM	7		
		or dates of service)	D. SOCIAL SECONTI NO		NOTHE!	0		1000	TG 2	GOX 6		
-	// /				IUTHEI	-	3(1)(THSBU	APPROXIMA			
	 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED 	DV	4	0.18		aJ	Des Li		BETWEEN ONSE	T ANO DEATH		
	IMMEDIATI	E CAUSE (a)	imany	pur	arrang	117	-cca: Nocc	7				
	11111	DUE TO, OR AS A	CONSEQUENCE OF	Til	LS L	4.	. 0)			
	Conditions, if only, which gave a rise to immediate cause (a), ((b) //	araca	Im	00461 0 40	14/	and her	mount	74			
	storing the underlying cause Due To, or as a consequence of											
	OST. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)											
	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEASE	E ORCONDIII	ON GIVEN IN PART 1(a)					
NO	In part of option that I had so	Marian can union	ARER LTION INIC DERE	ADMED.	DO ALITABONO		205. IF YES, WERE FIN	DIMOR CONCIDE	DED IN CED.	HEVINO		
CERTIFICATION	19a. DATE OF OPERATION 19b. CC	JUDITION FOR MHICH	OPERATION WAS PERF	UKMED	20a AUTOPSY?	ο 🗔	CAUSES OF DEATH?	DINGS CONSIDE	CED IN CEKT	IIITING		
ERTI	21a. ACCIDENT WAS UNDERLYING	I AND THE OF THE	ILIDA	las HOW		0 <u> </u>	of favors in Dark 1 and	D-4 D IA 15	1)			
AL C	OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M. N	Nonth Day Yeor	ZIC HOW	INJUKT OCCURRED	tenter noturi	e of injury in Part 1 ar	ruit Z Item It	.]			
AEDI((If either, notify medical examine		19	WW 3 017 100	rioti c	n ti	(: T			Es-s.		
A.	21a INJURY OCCURRED 21e Pl White Not while at wark	LACE OF INJURY (AI	HOME, FARM, STREET, FACTO ICE BUILDING, ETC.	751- 211- LOCA	TION Street or R.F.I	ν Nd.	City or Town	Cour	iry	State		
	220. I certify that (I) (this hospital) attended the deceased fram, 19, to, 19, that (I) (we) last											
	saw the deceased alia	ve on	19	ond t	hot in (my) (our) opinion (deoth occurred on	the dote on	d hour or	nd from th		
	couses stated above,	(I) (we) (did) (di	not) view the bo	ody after de	oth							
	22b. SIGNATURE mald	6 K	upu	DEGREE	ATTENDING PHYS.	MED. DIRECTO	STAFF PHYS.	22c DATE SI	SED 6	8		
	22d. PHYSICIAN'S NAME (Type)	E. KEY.	see		22e. ADDRESS	AFER	STOWAL (Mary	1001	2		
230	BURIAL CREMATION, 23b. DA		23c NAME OF CE	METERY OR CR		3	LOCATION (City or Tow	,	inty)	(State)		
	REMOVAL (Specify)	116/68	Resi	t Haven	Cemetery	L H	naerstown-	Vashina	ton-	1d		
24.	FUNERAL DIRECTOR (1) les	1 1001-1-	ADDRESS									
	Rost Haven Tune		of Hann	MINOTAN	Md DANF	PR 18	1968	liantes	Judge	2		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages deapt, should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer deapt. VR A15 (4) 30M REV. 1/

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours with death. Page 4 may be retained by the hospital or ottending physician.



spfter death.

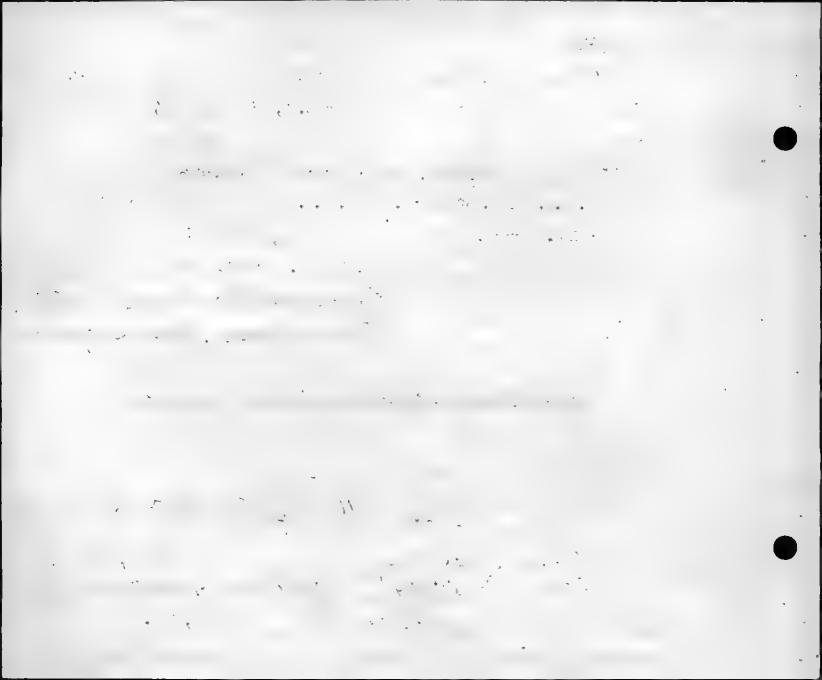
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10770		CERTIFICA	TE OF DEATH		******
	CEASED-NAME First	M'ddle	/	Last	20 DATE OF DEATH	2b HOUR
U	(pe or print) Anna	MaTILLA	LIV	dstrom	Manth Day	1968 10:30 PM
3. SE)	X	4. RACE	S	. DATE OF BIRTH	6. AGE (In years lost bigthout)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.N
	Female	White		Sept. 1,188	2 82 YRS	MORING ON 3 NOOKS MILE
7o. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED [COUNTY OF DEATH	
COOIII	Sweden	USA	WIDOWED X	·	WASHINGTON	Md.
10 CI	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR 1	INSTITUTION (If not	in hospital 12a. USUA	L OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
	HAGERSTOWN	WESTERN MD.			st of warking life, even if retired.) Housewile	THE USE OF THE PERSON OF THE P
13a. I	USUAL RESIDENCE (Where decease ssion) STATE Wash D.C.	ed lived, if institution: Residence before	b Wash	D.C AER NO		Drive
	ATHER'S NAME First	Middle Lost	.21	MOTHER'S MAIDEN NAME FI	rs† Middle	Last
	Karl J.	Pearsson		Joha	nna ?	
160.	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 16b. SOCIAL SECURIT		ORMANT	Address	
	es, no, or unknown) (If yes give w		Ro	bert L. Chri	stie Same as #	. 0-
	PART 1. DEATH WAS CAUSED	TE CAUSE (a)	Myor	andial?	thrombous	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Н	Conditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE C)F/10/12		a. Mad	1 10000
П	rise to immediate cause (a), ((D)	une	usseem	ses, your	cogeno
Н	stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE C	JT .		- 0	
1 1		(c)	NOT RELATED TO	THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
	4211 12.1	ation la	1.11	2.600	-	
I.ON	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
CFRTIFICAT.ON				YES NO	CAUSES OF DEATH?	5
	210. ACCIDENT WAS UNDERLYIN				nature of injury in Part 1 ar Part 2,	Item 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF CEAT		or 19			
	21d INJURY OCCURRED 21e While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.		ATION Street or R.F.D. No.	City or Town	County State
П	22a I certify that (I) (the	live an	sed from	1-1,196	1. to 4-2, 19	, that (I) (we) last
Н	saw the deceased a	live on 3 - 6.8	, and	that in (my) (out) apii	nían death accurred an the do	ate and hour and fram the
П		e, (I) (we) (did) (did nat) view th	e body offer de	eorn.	1 99.	DATE CICHED
П	22b. SIGNATURE	m/3/2li	DEGREI	PHYS. LJ DI	ED STAFF PHYS. X	DATE SIGNED 4
	22d. PHYSICIAN'S NAME (Type)	in G Rile	x,	1500 Per	ind Hagerst	own, Md
230 B	BUR AL, CREMATION, 23b. REMOVAL (Specify) 4		rn Cemet		Orion, Ill.	(Caunty) (State)
24	FUNERAL DIRECTOR Dohowt	E. Wilhelm Funer	Al Home	25o. REC'D B'		
	4308 Suitland	Road, Suitland, M	aryland	DATEADO	9- 1968 Jolia	was Judges

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH First Last LESLIE LAWRENCE LUGAR S. DATE OF BIRTH 6 AGE (in years last birthday) F JMDER ! YEAR MONTHS White Febv 22 1888 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED 🔀 NEVER MARRIED 🗌 明ashington WIDOWED | DIVORCED U.S.A. 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR INDUSTRY R give street address) Martin during most of working life, even if retired) INI relegraph Operator Manor Home Hagerstown 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Lad INSIDE CITY LIMITS? 13e. STREET AND NUMBER Washington YES X NO 14c - Mulberry Hagerstown 15 MOTHER'S MAIDEN NAME First Last Lost No Recura 16b. SOCIAL SECURITY NO. 17. INFORMANT Mrs Mary B. Lugar 148 So Mulberry St 578-09-0855 Hagerston M.d. BETWEEN ONSET AND DEATH PMELLMONIA BILLATERAL 3 DAYS DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CERÉBRAL ARTERIOSCIBIOSIS 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Tawn County

The low requires that the death certificate be executed withi signed by the ottending physician and completely I burial-transit permit. Then please remove carban ar removal, and in any event, 14. FATHER'S NAME No Record 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (o), Page 4 may be retained by the hospital or attending physicion. O ILINERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached for use as the te Dept. of Health prior to ARTERIOSCUSIOTIC CARBIO. VINSCHUM DISERSE -19a, DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical exominer) 21d. INJURY OCCURRED While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 18 5 cm., 1963, to 1965, that (I) (we) last saw the deceased olive on 1965, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22b SIGNATURE ATTENDING PHYS MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S 218 N. POTOMAC ST. HAGSISTONIA, WY. NAME (Type) W.M. FEHDER 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 230 BURIAL CREMATION. Rest Haven Cenetery Hagers town Wash Co Mid ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTER'S SIGNATURE DATE APR 9 _ 1968 Clearles 9 ... REMOVAL (Specify) 24. FUNERAL DIRECTOR Hagerstown Md. Andrew K. Coffman Funeral Hone Inc

1. DECEASED-NAME

3. SEX

filled in

within 72

(Type or print)

Male

Virginia

10 CITY OR TOWN OF DEATH

22c. DATE SIGNED 6 APRIL 1968

(County)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		66272					CERT	IFICAT	re of d	EATH					€	13 4	10			
		ECEASED NAME	First			Middle			Last		2a C	ATE OF D			**		2b HO			
	(1	Type or print)	PHYL	LIS	VIE	RGINI	A	MA	RTIN			An	Month	Da 2 F			10A	3		
	3. SE	X		4 RACE				S.	DATE OF BIRT	H			6 AGE (Ir		F JNDER TY	EAR II	F UNDER 24	HRS.		
		Female			Whit	te			June	21.	19	14	last but	naay) YRS	MONTH?	JAYS 1	100K2	MIN		
		BIRTHPLACE (State or I	oreign 7	'b CITIZEN OF		4.00	8. MAI	RRIED T	NEVER MARRI		9 COU	NTY OF I	DEATH							
	CGRU	Marvlanc		П. 5	: A			OWED 🗍	DIVORCE		1	Wasi	hino	ton				Md		
	10. C	ITY OR TOWN OF DEA	TH		. NAME OF	HOSPITAL OR II	NSTITUTIO	N (If not in	haspital		AL OCCU	PATION (Kind of V	vark dane			ISINESS OF			
1		Hagersto	had 10h	gi	ve street a	idress) Lnato		has U	00014	during me		orking li		f retired)	INDUSTR		lome			
1	13a.	USUAL RESIDENCE (W		lived, if 'nst	itution Re:	sidence before	13c. C	TY OR TO	NN 13	d. INSIDE CITY LI			EET AND I	NUMBER	UW		COLUMN	-		
		ssion) STATE Marvland		13b COUNT	hine	note	Had	are	town	res 🖵 🛮 No		20	8 A1	exan	der	St.				
,			irst	Middle		Last			OTHER S MAIC	EN NAME F	ırst			Middle			Lost			
/		John	C	alvir) Me	Name				Wave	ev		Lee	. y	oung	ble	bod			
		WAS DECEASED EVER	IN U.S. ARME	D FORCES?	16b. St	OCIAL SECURITY		17 INFO	RMANT						erst			/ld		
	y	'es, no, or unknown)	(+1 yes give wor	or dates of service)	No	one		Wi	lliam	V.	Mar	tin	208	Ale	xand	er	St			
		18 CAUSE OF DEAT					:})	4. ,	×11 1						AP	PROXIMA	TE INTERVAL ET AND DEAT			
		PART I. DEATH		8y. E CAUSE (a) _	Ven	Turk	41	-ibi	illate	m					30)	me			
		4.107	***************************************	, , , –	OR AS A CO	NSEQUENCE O	F A	,	- 1	1							0			
		Conditions, if any, w		(h)	M	unca	1/2	of &	marie	eter	1				17-	-10	day	0		
		rise to immediate of stating the underly		DUE TO, C	R AS A CO	NSEQUENCE O	F 4		,V.	1						0	0			
		1051 (1) Diterreleville Heart diplere entrous												wen	1					
		PART 2. OTHER SIGN	FICANT COND	ITIONS CONTR	IBJTING TO	DEATH BUT	NOT RELA	TED TO TH	E TERMINAL I	DISEASE OR C	OITIONO	N GIVEN	IN PART	(0)						
	22	4201																		
	CATIC	19a. DATE OF OPERATI	ON 19b. CC	ONDITION FOR	WHICH OPE	RATION WAS F	ERFORME	D	20o. AUTOPS	Υ?			YES, WERE OF DEATH	WERE FINDINGS CONSIDERED IN CERTIFYING						
7	CERTIFICATION								YES [Z]	NO 🗆										
		21a ACCIDENT WAS		21b. TIMI HOUR A.	E OF INJURY	Y th Dav Yea		21c. HOW	INJURY OCCUI	RRED (Enter	r nature	af injury	in Part 1	ar Part 2,	Item 18.)					
	MEDICAL	(If either, notify med	lical examine	r) P.	M.	1	19													
		21d INSURY OCCURE While - Not while	ED 21e. P	LACE OF INJUR	AT HOM OFFICE	e, farm, street, f Builoing, etc.	ACTORY)	21f. LOCAT	ION Street	or R.F.D. No		City o	r Tawn		County		Stat	re		
		While Nat while at wark of wark							/											
		22a. I certify the saw the de	at (I) (this	haspital)	ottended	the decea	sed fro	m_ 7	of g		24.		1/2		.64_,	hat (l) (we)	lasi		
		causes stat	ed above,	(I) (we)(di	d) (dubb	et) view the	bady o	fter dea	th.	f nati nhi	nigii u	earn at	ccorred	an riie a	are and n	aur ar	ia iram	ı ine		
		22b/SIGNATURE			> /			_			iro.			22c.	DATE SIGNE	D				
		Mulle	on () . 7	tela	00/2	M	DEGREE	ATTENDING PHYS.		1ED Irector		STAFF PHYS	$\Box \Box A$	1/26	16	8			
		22d, PHYSICIAN'S	1.//3		-5		/ -		22e. ADDRE						1					
1		NAME (Type)	111(.7:	m ()		OXXO	40	-	145	Sou	JH	PRO	SPE	CT	STRE	ET				
	23a.	BUR AL, CREMATION,	23b. DA			23c NAME O	FCEMETE	RY OR CRE	MATORY		23d	LOCATION	(City or	Town)	(County)		(State)			
1		REMOVAL (Specify)	4	/29/6	8	Rose	HU	1 C	emet.e	TY	Ha	ger	ston		lash.		Id.			
8	24.	FUNERAL DIRECTOR		_		APPRE	ers	tow	n, Md	Sa. REC'D B	Y REGIS	TRAR 40		REGISTRAR S	SIGNATURE	DARS	Separate .			
3.7		A K. Co	riman	Funi	ssal	Home	, II	J C		ATE-AP	17 3	0 19	368	1	, ,	1 1	CV .			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the Adirector, page 3 should be detached for use os the bunal-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Q VR A15 (4) 30M REV. 1/68.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

Page 4 may be retained by the hospitol or ottending physician.

Bayel ti e e e 24

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH M ddle First Lost 2o. DATE OF DEATH 2b HOUR Ralph Manon Martin S. DATE OF BIRTH IF UNDER 24 HRS 4 RACE 6 AGE (In years last birthday) MONTHS: HOURS May 23, 1905 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [DIVORCED Washington 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (of not in hospital 12b KIND OF BUSINESS OR INDUSTRY CORTUGARY give street address Washington County during most of working life, even it refired. IND runeral Dir. E Embalmer Hospital 13d HISIDE CITY LIMITS? 13e STREET AND NUMBER 13c. CITY OR TOWN YES K NO . 1025 Pairview Road dageratown Last IS. MOTHER'S MAIDEN NAME First Lost Martin Manon MIKIN 16b. SOCIAL SECURITY NO. 17. INFORMANT Md. 186-01-0723 1025 Fairview Rd Hagerstown. BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗔 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. Manth Day Year P.M. County State City or Town . 19 💪 🛠 , that (I) (we) last _1968, and that in (my) (our) apinion death occurred an the date and haur and from the

(County)

(Stote)

7a. BIRTHPLACE (State or fareign (hambersburg, Pa. 10 CITY OR TOWN OF DEATH Hagerstown 13o, USUAL RESIDENCE (Where deceased lived, if institution. Residence before odmission) STATE 14. FATHER'S NAM First David 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Canditians, if ony, witch gove rise to immediate cause (a). stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM. STREET, FACTORY.) 21F LOCATION Street of R.F.D. No. While Nat while at work couses stated above, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURI 22c DATE SIGNED **ATTENDING** PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23b. DATE REMOVAL (Specify) Rest Haven Cemetery Hagerstown-Washington-Md. 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ar n 2 3 1968 Juneral Chapel Rest Haven Hagerstown Md. DATE

ofter death. requires that the death certificate be executed within 24 hours pleose remove corbon event, and in ony or removal, cremation, burial-tronsit signed by O FUNERAL DIRECTOR: After this certificate hos been the be retained by the haspital or ō director, Should | 1. DECEASED-NAME

SEX

(Type or print)

Male



DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201

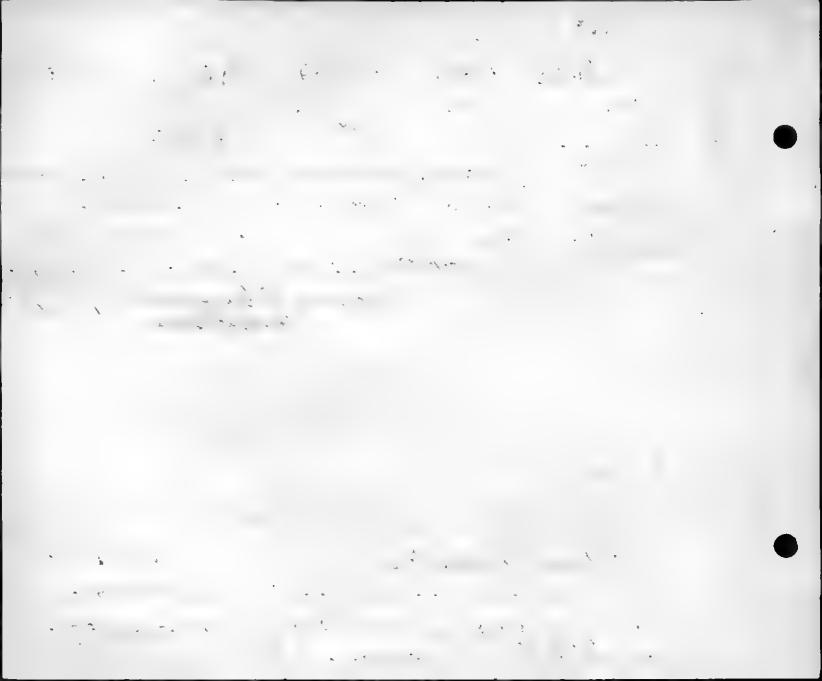
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	CEASED-NAME	First		Middle		Last		2a. DATE O		-		2b. HOUR A
(111	ype or print)	Marvin		Clayton		Mason		Ag	or Month 18	Doy1	968eor	6:30°N
3. SE	X Male	4. RA	Œ Whi	.te		S. DATE OF B			6. AGE (In year last birthday)	YRS M	F UNDER 1 YEAR ONTINS OAYS	IE UNOER 24 HRS. HOURS MIN.
7a B coun	BIRTHPLACE (State or Nerv) West Vir	foreign 7b CITE	ZEN OF WH USA	AT COUNTRY?	B. MARRII WIDOWI	D NEVER MAR	RIED S	COUNTY O	f death VASHINGT	ON		Md
	HAGERSTOW			ME OF HOSPITAL OR INST reet address ERN MD. ST			12a USUAL during mo:	occupation of working of War	N (Kind of work plife, even if reti Chman	done red.)	126 KIND OF INDUSTRY	BUSINESS OR
	CTAPE	Where deceased lived, 13b.	if institution	an: Residence before		or Town g ersto w n	13d. INSIDE CITY LIM	HTS? 13e 5	REET AND NUMB	ER	Ave.	
14. F	FATHER'S NAME	First —	Middle	Last		IS. MOTHER'S M.		st lartha	Mid	dle		Last
	WAS DECEASED EVE es, na, ar unknawn)	(If yes give wer or dates of		16b. SOCIAL SECURITY N 217-05-95		7. INFORMANT			Addr	ess		
	18. CAUSE OF DEA	ITH (Enter only one co	use per lin	e for (a), (b), and (c).)							APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
	PART I. DEATH	WAS CAUSED BY: 1MMEDIATE CAUSI	E (a)	Carcinoma	of .	lung					1 3	
	1621	DU	E TO, OR AS	S A CONSEQUENCE OF								
	Conditions, if ony,	which gave)	(b)									
	rise to immediate cause (o), (b). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
	lost. (t)											
	PART 2 OTHER SIG	NIFICANT CONDITIONS		ING TO DEATH BUT NO	T RELATED	TO THE TERMINA	L DISEASE ORCO	ONDITION GIV	EN IN PART 1(o)			
_	15 1			-								
CERTIFICATION	19a. DATE OF OPERA	TION 19b. CONDITION	ON FOR WHI	CH OPERATION WAS PER	FORMED	20a. AUTO			F YES, WERE FIND S OF DEATH?	INGS CON	SIDERED IN C	ERTIFYING
	21a. ACCIDENT WA		b. TIME OF		21c.	HOW INJURY OC	URRED (Enter	noture of inj	ory in Part I or P	ort 2, lte	m 18.)	
MEDICAL	or contributing [(If either, natify m		OUR A.M. P.M.	Manth Day Year								
_	21d INJURY OCCUI While Not whi at work at work	RED 21e PLACE O		AT NOME, FARM, STREET, FACT OEFICE BUILDING, ETC	10RY) 21f	LOCATION Street	et ar R.F.D. No.	Cit	y or Town		County	State
	22o. I certify t	hot (I) (NOCKOS)	(did) otte Ar (did) (nded the deceose P11 18 19 OPPO) view the b	d from_9 68 , o	10/2/67 and that in (m er death.	, 19 y) (∂93 9 opin	, to non death	1/18 occurred on t	_, 19 <u>_6</u> he date	ond hour	(I) (AAS) last and from the
	22b. SIGNATURE	, , , ,	/ / / /	-							TE SIGNED	
	2	Dominge >	4. 9	ALCIA	Di	GREE PHYS.	4G ME	RECTOR	STAFF PHYS	4/1	.8/68	
	22d. PHYSICIAN'S					22e. ADD	RESS West	em M	d. State	Hos	pital	
	NAME (Type)	Domin go	A. Ga	rcia, M.D	•				nia Ave.			own
23o.	BURIAL, CREMATION	, 23b. DATE		23c NAME OF C				23d LOCAT	ON (City or Tawn)	(County)	(State)
	Bengy (Septity)	Ap ri	1 20	.68 St.	Pete	rs		Hen	cock W	gh	_Md_	
24.	FUNERAL DIRECTOR						25a. REC'D BY	REGISTRAR	2Sb. REGIS	TRARS SI	GNATURE	
	Thompson	runera	I Ho	me Clear	Spr	ing. M	PATE A	Fk 22	1968	fille	men!	lessine.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in the particle of director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 hours after Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV 1/68



		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		Item#1FilmGh01 6/5/68km CERTIFICATE OF DEATH April
9 (4)	1 (Type or print) James James Middle Mathra 20. Tale Of DEATH James James Middle Mathra 27 Day 1988 5:10 PM
s after	3. \$	Male White May 6, 1908 lost birthday) YRS. MONTHS ON'S HOURS MAIN
4 haur	ナセ	BIRTHPLACE (Stote or foreign of What Country? 8. MARRIED KNEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MASHINGTON MA
within 24 ely filled ban pap wrthin	10.	HAGERSTOWN 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working I fe, even if retired) WESTERN MD. STATE HOSPITAL 120 USUAL OCCUPATION (Kind of work dane during most of working I fe, even if retired) WESTERN MD. STATE HOSPITAL 120 USUAL OCCUPATION (Kind of work dane during most of working I fe, even if retired) WESTERN MD. STATE HOSPITAL
ecuted with completely nove carban y event, with	adn	Usual RESIDENCE (Where deceased lived, if institution: Residence before lission) STATE 136, COUNTY
ond (14	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
n an al		John Samuel Mathna Katie Florence Simons
tificate hysicia n plea val, an	160	Was Deceased ever in U.S. ARMED FORCES? Yes, no, argunknawn) (If yes give war or dates of service) 217-10-3378 R. E. Mathna 919 W. Washington St. Hagerstown, Md.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dea etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in TDY 12. funeta should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages transit the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 12 hours are deather.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stoting the underlying cause (b). DUE TO, OR AS A CONSEQUENCE OF [6] PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
IAN: The law red or a control or attending I ficate has been so far use as the E Health prior to be the control of the lefth prior to be the form of the form of the lefth prior to be the form of the lefth prior to be the	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificated director, page 3 shauld be detached far ushould be filed with the State Dept. of Health	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
JING PHYSIC by the hospi after this cert be detached State Dept. o	25	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town County State at work of work of work.
TENDIN ined by OR: Afte auld be othe Sta		22a, I certify that (I) (this haspital) attended the deceased fram, 19, to, 19, that (I) (we) las saw the deceased alive an19, and that in (my) (aur) opinion death accurred an the date and havr and fram the causes stated above, (I) (we) (did) (did nat) view the bady ofter death.
O HOSPITAL OR ATTENE Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		226 SIGNATURE Church Pale M.D. DEGREE ATTENDING DIRECTOR
O HOSPITAL Page 4 may O FUNERAL I director, pag should be fill	L	PHYSEKANS NAME (Type) Edwin G. Riley M.D. 220. ADDRESS W.M. State Hospital Hagerstown, Md.
Page of FUN	3	REMOVAL (Specify) Surial Rest Haven Cemetery DR (REMATORY 23d LOCATION (City at Town) (County) (Stote) Rest Haven Cemetery Hagerstown-Washington-Md.
VR A15 (4) 30M REV, 1/68	24.	Rest Haven Tuneral Chapel Hagerstown, Md. DATE 250. REPORT BY BIGGRAMS, SIDNATURE LARGE BATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Last 2n. DATE OF DEATH (Type or print) Year STANLEY LE ROY McCOY 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) HOURS Male Whi te Aug 2 1889 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIEDE X NEVER MARRIED Washington DIVORCED T Maryland U.S.A. WIDOWED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 125 KIND OF BUSINESS OR give-street oddress County Hospital during most of working life, even if retired.) INDUSTRY Hagerstown 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 38 INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b (COUNTY admission) STATE W. Washington 1804 Hagerstown 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last Lost Benjamin LcCov Amanda Shank 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, po, ar unknown) Mrs Mary H. McCov 1804 W. Washington APPROXIMATE INTERVAL Vd. Hagerstown 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LIZOdmor DUE TO, OR AS A CONSEQUENCE OF rterio Sclerosis Canditians, if any, which gove? rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause C22 210 7 522 51 C. 15281 CHILLA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from Jan - 1962, ta APril 6, 1962, that (1) (we) last saw the deceased alive an APril 5 1968, and that in (my) (ews) apinian death accurred an the date and haur and from the . 19.62..., that (I) (we) last causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE-22c DATE SIGNED **ATTENDING** PHYS. DIRECTOR PHYS 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 19 Rest Haven Cenetery Md Hagerstown Wash 25b REGISTRAR'S SIGNATURE 2Sa." RECD BY REGISTRAR 24. FUNERAL DIRECTOR Hagerstown ADDRESS M'd.

Coffman Funeral Home Inc

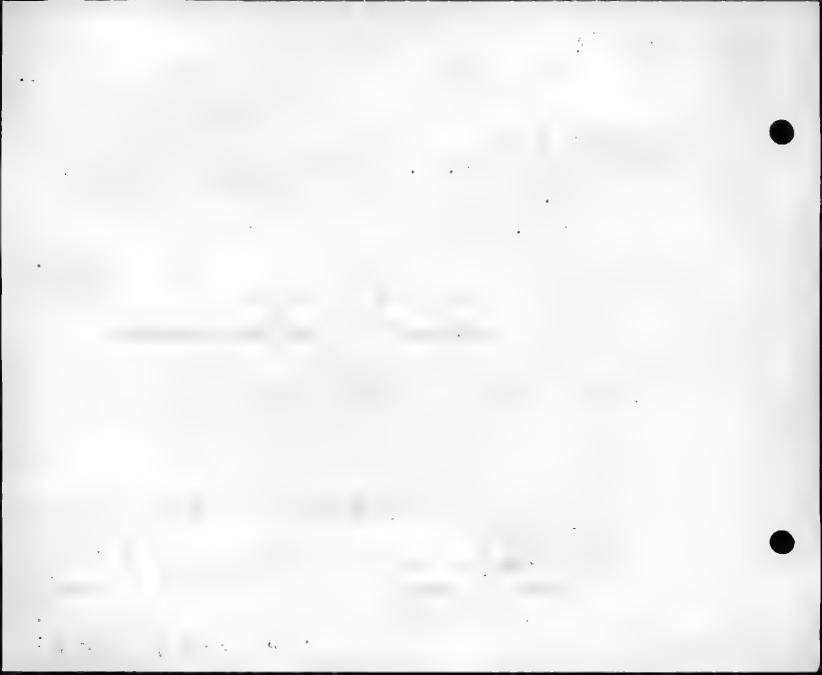
requires that the death certificate be executed within 24 haurs after death. physician ond completely filled in by the fungrol en pleose remove carbon papers. Poges T and oval, and in ony event, within 72 haurs after defit and in ony the ottending physics. Then please re signed by the burial-tronsit p buriol, O FUNERAL DIRECTOR: After this certificote hos been os the Health prior to þ be detached Poge 4 may be retained by should director, page 3 should should be filed with the

VR A15 (4) 30M REV 1/68



2a. DATE OF DEATH 1968 Year April M219. 6 AGE (In years IF UNDER) YEAR IF UNDER 24 MRS 1910 last bythdoy) 9. COUNTY OF DEATH Washington 12a USUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR during most of working life, even if retired.) farning 13d. UNSIDE CITY LUM-TS? 13e. STREET AND NUMBER NO. 15. MOTHER'S MAIDEN NAME First Margaret Barmont Address Helen Mellott, BigCove Tannery, BETWEEN DINSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County 22a. I certify that (1) (this haspital) attended the deceased from April 20 , 1867, to April 29, 1968, that (1) (we) last _____1956, and that in (my) (aur) apinian death accurred an the date and hour and from the 22c. DATE SIGNED DIRECTOR 23d LOCATION (City of Town) (County Licking Creek, Sidling Hill Cemetery Funeral Home, Hagerstown, Md. 250 RECD BY REGISTRAR

30M REV 1/68



within

ar remayal, and in any event,

burial, crematian,

law requires that the death certificate be executed within 24 haurs after. signed by the attending physician and campletely filled the by burial-transit permit. Then please remave carban papers and signed by t Page 4 may be retained by the hospital ar attending physician. as the O FUNERAL DIRECTOR: After this certificate has been for use detached f te Dept. of f

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2g DATE OF DEATH Christian Frederick Meyer 4 RACE S. DATE OF BIRTH 6. AGE (In years White Aug. 27, 1881 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED XNEVER MARRIED U.S.A. WIDOWED [DIVORCED Washington 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done

DECEASED NAME 2b HOUR (Type or print) 3. SEX IF UNDER 24 HRS. HOURS Male 7a. BIRTHPLACE (State or foreign ⊕<u>1</u>1senstat Germany
10. CITY OR TOWN OF DEATH
Hager stown 126. KIND OF BUSINESS OR during mast at working life, even if retired) **Black Smith** give street address) INDUSTRY Washington CountyHosp.

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before list. CITY OR TOWN 138 II Retierd 13d. INSIDE CITY LUMITS? 13e STREET AND NUMBER 13b. COWYashington Hagerstown YES ... Mt.Aetna Road vland NO X 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last Martin Meyer Anna Haderstown, Md. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yeung arunknawn) Mrs Sarah K. Meyer 218-12-8102 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) Canditians, if any, which gave) teriose le rot rise ta immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, nat.fy medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram. 3-1, 1968, to 4-27, 1968, that (I) (we) last saw the deceased alive an 1969, and that in (my) (our) opinion death accurred an the date and haur and fram the 3-1 causes stated abave. (1) (we) Add Xdid not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF -,70-68 DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type Smithsburg Hess Charles Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 23b. DATE (County) Near Smithsburg, Md. PADAVE(2964IA) 2.1968 Weltys Cemetery May

Andrew R. Coffman Funeral 1981 Inc. Hagerstown, Maryland.

2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR

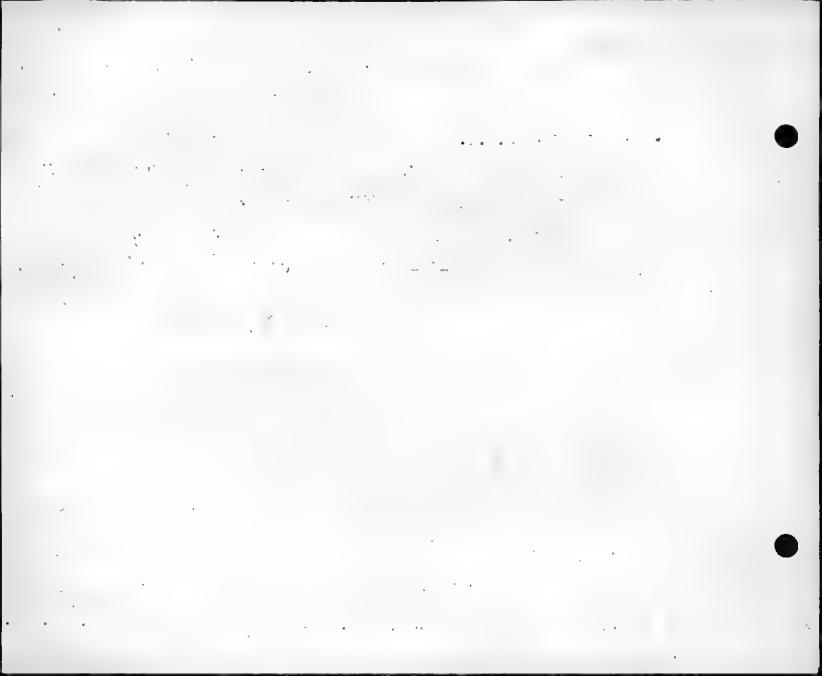
Miarles Judge

VR A15 (4) 30M REV 1/68

director, page 3



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH APRILManth 12 Doy 1 968 ar M ddle DECEASED NAME First MICHAEL FRNEST (Type or print) GEORGE physician and campletely filled in by the fun en please remave carban papers. Pages 1 mal and in anv event, within 72 hours affer S. DATE OF BIRTH IF UNDER 1 YEAR IF INDER 24 HRS 3 SEX 4. RACE 6. AGE (In years last bightagy) MONTHS T 10/21/1880 WHITE MALE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH requires that the death certificate be executed within 24 haur 7a BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED WEST VIRGINIA WASHINGTON WIDOWED TX U.S.A. DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) R RUBAL HAGERSTOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before CUTY-OR FOWN 13b. COUNTY. Middle 14 FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First PRITCHARD MICHAEL ANDREW R443 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, na, or unknown) HAGERSTOWN 236-60-3390 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (mas DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave: burial-transit rise to immediate couse (a). stating the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been the (13 .) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 NO D O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) Þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) PM (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram— 19 60 to 1968, and that in (my) (aur) apinian death accurred on the date and hour and fram the saw the deceased alive an ... directar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. Director DEGREE PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230. BURIAL, CREMATION 23b. DATE RD. SPHORS CROSS 250. REC'D BY REGISTRAR REGISTRAR S SIGNATURE ADDRESS FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

arol and 2 leath.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pashould be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within

	l	じじころせ		C	EKIIFICA	IE OF DEATH			1 5 7	3 ()
		CEASED NAME ype or print) NA OM	I	Middle MA Y		EKAUFF		RIL Month 11 Do	y 1 968	26 HOUR
	3 SE	FEMALE		HITE	S	DATE OF BIRTH / 1 89		6. AGE (In years last prillagy) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	7a. E cour	BIRTHPLACE (State or foreign NIRGINIA	76. CITIZEN OF WHAT U .S .		WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF WAS	HINGTON		
-	10. 0	ITY OR TOWN OF DEATH HAGERSTOWN	11. NAM give stre	E OF HOSPITAL OR INST pet address)	ASHIN	TON ST	"HOUSE	(Kind of work done life even if retired) WITE	126 KIND OF INDUSTRY	BUSINESS OR
	13a. admi	USUAL RESIDENCE (Where decease sisten) STATE MARVIAN	d lived, if institution	Residence befare	13c CHACH	WAST OF DE OF	NO [] ON	REET AND NUMBER	HINGTON	ST.
ŧ	14. [ATHER S NAME First	Mtddle	AM SUPIN		NOTHER'S MAIDEN NAME	First ERTA	Middle C M	ILLER	Lost
		WAS DECEASED EVER IN U.S. ARMI		NONE). 17 INF	DOROTH		Waldest	IAMS POF	T
		1B. CAUSE OF DEATH (Enter only	DM							NATE INTERVAL NSET AND DEATH
		Conditions, if ony, which gave trise to immediate couse (a),	DUE TO, OR AS (b) Hyp	A CONSEQUENCE OF		diovascul	ar dis	ease	Inde	finit
		stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CON	(c)	IG TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE OF	CONDITION GIVE	N IN PART 1(a)		
gel	CERTIFICATION	Diabetes		OPERATION WAS PER	FORMED	20a. AUTOPSY? YES NO.	CALIED	F YES, WERE FINDINGS S OF DEATH?	CONSIDERED IN CE	RTIFYING
	3	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M	NJURY Manth Day Year 19	21c. HOW	INJURY OCCURRED (Ent		ry in Part 1 or Part 2,	Item IB.)	-
	MED	at work at work				TIÓN Street ar R.F.D. N		or Tawn	County	State
		22o. I certify that (I) (this saw the deceased of couses stated above	s hospital) ottenive on Marc (I) (we) (did) (d	ded the deceosed 19 19 19 19 19 19 19 19 19 19 19 19 19	ody ofter de	hot in (my) (our) as	ol, toAn pinion deoth		ote and hour	(4) (we) lo and from th
		22b. SIGNATURE	inly 1	WP.	DEGREE	ATTENDING PHYS.	MED DIRECTOR	STAFF DATO	pate signed	,1968
1		22d. PHYSICIAN'S NAME (Type) B. B.	Knelsl	ey, M.D.		22e. ADDRESS 14 Ha	gersto	Washing wn, Mary	land	reet
B	230	BURIAL, CREMATION, 23b D REMOVAL (Specify)	ATE -/13/68	23c. NAME OF C		N CEM.	HAG	ON (City or Town) ERSTOWN	(Caunty) WASH •	(State) MD •
B	24.	FUNERAL DIRECTOR	14	ADDRESS		25a REC'D	BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	140



Waynesboro Pa.

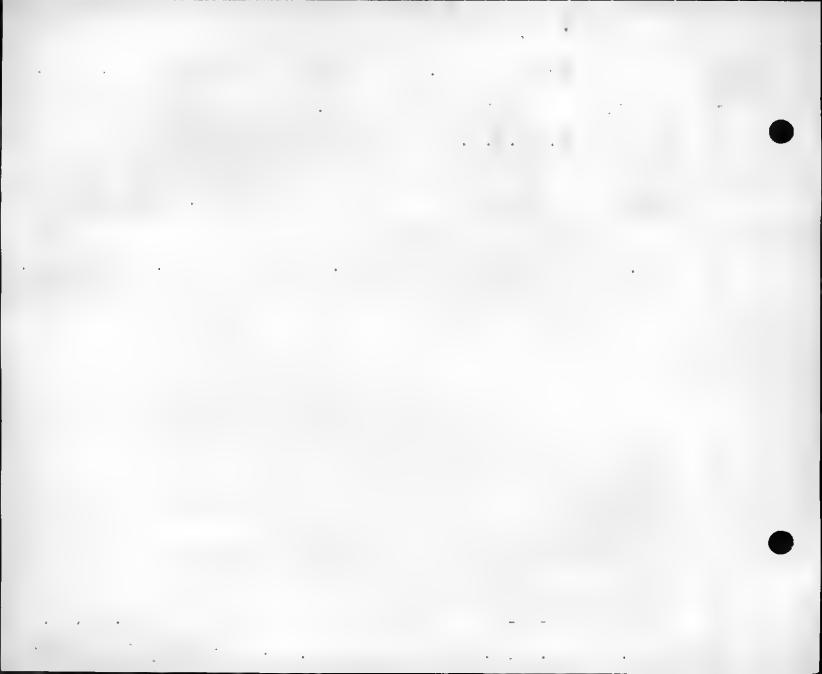
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VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06282 56285 CERTIFICATE OF DEATH M.ddle Lost 2o. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First April Manth 3:00R (Type or print) Myrtle E. Moser 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. 4. RACE S. DATE OF BIRTH 3. SEX The low requires that the death certificate be executed within 24 hours after HOURS lost birthdoy) Feb. 8, 1881 Female White 9. COUNTY OF DEATH 7g. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED [T] NEVER MARRIED [T] WIDOWED IX DIVORCED [Washington Myersville, Md. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH industry Own Home during most of working life, even if retired.)
HOUSEWILE give street address)
Garlock corbon Nursing Home Hagerstown 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) STATE Maryland Washington NO Z Rfd. 2 (Mapleville remove Boonsb oro 15. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Lost First Middle and Ellen Herr Lawrence Fasterday Address 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) signed By the allending physi burial-transit permit. Then pl burial, cremation, or removol, Shirley Shifler, Rfd, 2 Boonsboro 220-52-2137 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A GONSEQUENCE OF Canditians, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONFEQUENCE O Page 4 may be retained by the haspital or attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) detoched for use os the le Dept, of Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19g DATE OF OPERATION CAUSES OF DEATH? YES 🗀 NO Z certificate h ched for use 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) Stote (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No County 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town White Not while at work , 1967, 10 4-16 220. I certify that (1) (this hospital) attended the deceased from accept sow the deceosed alive an____ 4-14 _19 (and that in (my) (our) opinion deoth occurred on the dote and have and from the director, page 3 should should should be filed with the couses stated above, (I) (we) (did) (did nat) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN S FUNIKAL NAME (Type) -0777Rd should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE 23o. BURIAL, CREMAT ON REMOVAL (Specify) 4- 19- 68 Boonsboro Wash. Co., Md. Boonsboro Cemetery 25b. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE APR 19 1968 VR A15 (4) 30M REV. 1/68



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 5y the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers—Rages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
	CERTIFICAT	E OF DEATH	7.33
1.	PLACE OF GEATH a. COUNTY Y	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence befere admission)
	a. COUNTY Washington Hagerstown	a. STATE Maryland Washing	gton
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	
	Hagers town 4 Days	Williamsport Maryland	La 16 prolection
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Washington County Hospital	Bl Fenton Ave.	YES NO X
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) George Franklin Muri SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	ray DEATH April	20 1968
э.	A CONTROL OF THE PROPERTY OF T	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months 1	Days Hours Min.
		Aug. 21,1902	
du	. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR INDUSTRY	COI	FIZEN OF WHAT
4.0	Retired Unknown		S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	George W. Murray	Bessie Bell Bowers	
15 (Y	s, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	
_		rs. Daisy Murray Williams	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	_	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonitis - Par	acolon, Proteus	Line days
	0//,/ **********************************		
		pulmonary tuberculosis,	13 yrs.
i	cause (a), stating the DUE TO moderately advance	ed bilateral, questionably	
Z	underlying cause last. (c) active PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATER TO THE TERMINAL PROPAGE COMPUTION OWEN BURGET ACC	119. WAS AUTOPSY
SATIC	Aneurysm, thoracic aorta, auricular fi	brillation	PERFORMED?
CERTIFIE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
CAC	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
9	Hour a.m. While Not While p.m. 19 at work at work	ory, street, office bldg., etc.)	
2	21. I certify that (I) (this hospital) attended the deceased from A	pril 5 19 68 to April 20 19 6	8. that (i) (we) last
	saw the deceased alive on April 20 1968, and that	at death occurred at 12:20, from the causes and on the	
	22a. SIGNATURE	22b. DA	TE SIGNED
	// L. Jaman M.		1 22, 1968
	22c. PHYSICIAN'S W. T. Layman, M.D.	100 Prof. Arts Building, Hag	erstown, Md.

BURIAL, CREMATION, BEMOVAL (Specify)

Thompson

DATE THEREOF 23b.

.68

Home

23c. NAME OF CEMETERY OR CREMATORY Shanktown

Clear Spring,

ADDRESS

23d. LOCATION (City, town or county)
Shank town Wash.

(State)

Md. REGISTRAR'S SIGNATURE APR 2 5 1968 25a. ciliantes NdATE

VR A15 (4) 20M 1/65

2222 e company to the second and the and the same) - 1 and freely was a william .

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

062911

	/ / /\ /	// 3		CERTIFICATE OF DEATH
ج	- H/3/	III		CEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
deat	wheral and r deat	/	(1	ype or pnnt) Sennie Amelia Neikirk April 8,004 Year 8 8. M
X	he fur ges 1		3. SE	4. RACE S. DATE OF BIRTH 6 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
24 hoors aft	by the financial Pages		. ,	-emale white Feb 8 1971 lost birthday) MONTHS DAYS HOURS MIN
Æ	Z Po			IRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
٤ (cour	ITV)
	ed ape			
il.	ely filled in ban paper within 72	45.	10 0	ava street address) IND STRY
3	를 ² .	7	w,	///Amsbort ////////////////////////////////////
executed within	ling physician and campletely filled . Then please remave carban pape removal, and in any event, within 7	3	admi	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY CHIMITS? 13e STREET AND NUMBER SSIGN) STATE 16b COUNTY 18D A TOWN 18D A
exe	o p E E	١,	14 F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
e e		1		HEZIKIAH EASTON BUSAN SLIFER
9	ian		160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (7) QUARACTER Address (11/04/04/15/26)
the death certificate be	attending physician vermit. Then please an, ar removal, and i		Y	ss. no. at unknown) (If yes give war or dates of service) 162-22-7035 MYS Lenore Lohman 245 Philapue Penn.
erti	de la Sol			Nocovity affair
ج	ing Terr			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY:
eat	a i i			PART I. DEATH WAS CAUSE (0) Longostive heart silve 5dys
e q	an. by the attendi ronsit permit. crematian, ar r			4/37 DUE TO, OR AS A CONSEQUENCE OF
	sit p	- 1		Canditions, it and, which gave not to minediate cause (a). (b) Atthemosce to actic Conditions culor of the constant of the con
tha	reg of r			stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
es:				last. (c)
requires that	physici signed burial-t burial,		ĺ	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ē			_	411.
W.	s the		ATIO!	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
: 프	al ar attending icate has been far use as the Health prior ta	,).	CERTIFICATION	YES NO CAUSES OF DEATH?
	at See		CER	210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of anjury in Part 1 or Part 2, Item 18.)
₹:			룅	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
S	hospit is certifi ached ept of		WED	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Gity or Town County State
풎.	is of its			21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Gity or Town County State of work of work
<u>ن</u>	를 들을 클			of work of work of work of the control of the contr
_≅.	Sto Sto			22a. I certify that (1) (this haspitol) attended the deceased from OCCOORT, 19 05, to ADTI, 19 00, that (1) (ast
<u> </u>	old the			22a. I certify that (I) (this haspital) attended the deceosed from Uctober 3, 19 65, ta April 19 68, that (I) PMS) last saw the deceased alive on April 6 19 68 and that in (my) (par) opinion death occurred on the date and hour and from the causes stated above, (I) (par) that (did not) view the bady after death.
	1 2 4 4 1 4 4 4 4			22b SIGNATURE 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
~	3 X X			DEGREE PHYS DIRECTOR PHYS.
<u> </u>	y be DIR			224 DIACTIONIC 22 PROPERTY 22
TO HOSPITAL	ge 4 may be FUNERAL DIS rectar, page navid be filed	1		22d. PHYSICIÁN'S NAME (Type) M.E. Byrkit M.D. 22e. ADDRESS West Potomac St. Williamsport Md.
9	Page 4 r O FUNER director, shavid i	2	23a.	BUR AL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
2	B 트 뉴 뉴	15		Miniat Boonsboro Cemetery Boonsboro, Wash. Co., Md.
	VR A15 (4	P	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250 REGISTRAR 5 GNATURE
	30M REV 1		J	ohn H. Bast, Jr. 112 N. Main St. Boonsboro, Malbare APR 15 1968



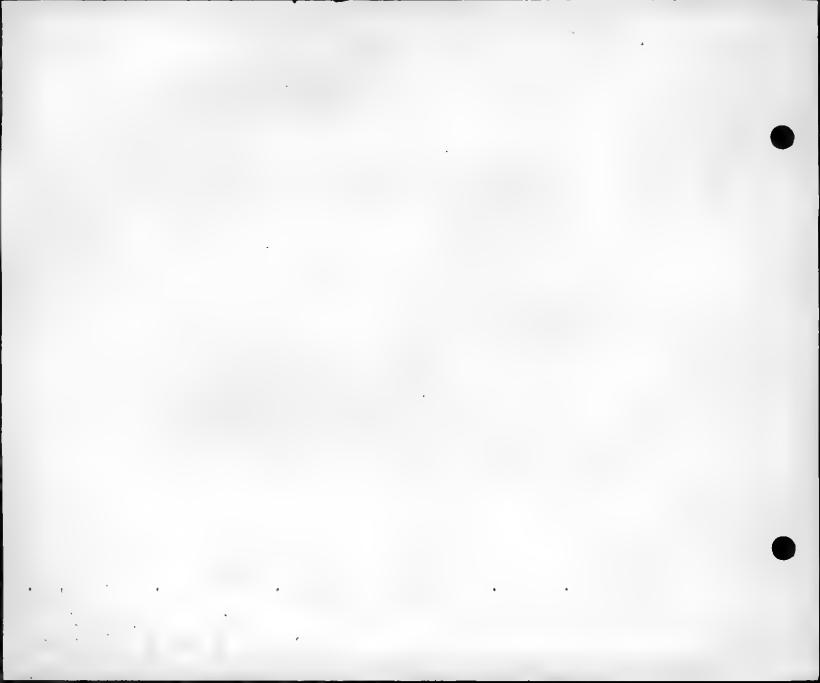
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICATE	OF DEATH	36291
		PLACE OF DEATH a. COUNTY Washing for MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution a STATE b. CQUI)	
		b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest tawn)	c CITY OR TOWN (if autside carparate limits, write RUF	RAL and give nearest tawn)
	- (d. NAME OF HOSPITAL OR INSTITUTION, lift not in hospital, give street address)	of STREET ADDRESS	e S RESIDENCE
,	0.1	Washington Co. Hospital	Nne	ON A FARM? YES NO
*	l i	NAME OF DECEASED (Type or print) Willie mina (NMN)	Nelson Jeath Clar	
	\$ 5	SEX 6 COLOR OR RACE 7 MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9 AGE (In yours lost birthday) Not known app. 80 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
	10a duri	USUAL OCCUPATION (Give kind af wark dane ing mast of warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME Sencietta Hart	man
		s, na, ar unknawn). Ill f ves give war ar dates af service)	NFORMANI V. Kussell Nelson, St.	James, Md.
		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	umenia	NTERVAL BETWEEN ONSET, AND DEATH
		Canditians, if any, which gave rise ta immediate cause (a),	Heart Failure & Men	Islamin 3465
		stating the underlying cause DUE TO (c) Authorisation	the fearth ware	francy year
	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES ☐ NO
	L CERTIFICATION	200 ACCIDENT WAS UNDERLYING \(\) 20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I ar Port II af item 18)	
	MEDICAL		CE OF INJURY (Hame, farm, 20f (City or tawn) ary, street, affice bldg., etc.)	(Caunty) (State)
		21 I certify that (1) (this hospital) attended the deceased fram saw the deceased alive on Grand 9, 19 G.S. and that	t deoth occurred atM, from couses	and on the date stated obove
		220. SIGNATURE Elever's House M.D.		22b. DATE SIGNED
		22c PHYSICIAN'S NAME (Type) Dr. Edson B. Moody	363 S. Cleveland Ave. I	Hagerstown, Md.
	23a	BUR AL, CRÉMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMETERY OR CAPITAL CAPI	CREMATORY . 23d. LOCATION (City or Tox	wn) (caunty) (state)
	24	FUNERAL PIRECTOR ADDRESS PURCHAS COM	250. REC'D BY REGISTRAR 256 REC DATE OF THE PRINCIPLE OF	GISTRAR S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filter in by the fore director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban appear. Pages, I and should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after dea TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 haurs after Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67



20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Ferst Middle Last 2a. DATE OF DEATH 2b HOUR law requires that the death certificate be executed within 24 haurs after death. Ehysician and cam∥etely fille∥ in by the fu⊪eral en please remove carban papers. Pages L and oval, and in any event, within 72 haurs (ffer dea) (Type or print) JOSEPH HARLAN PORTERFIELD 18 Pages 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF JINDER 24 NRS last bighday) White Male June 23 1888 70 BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) Md. U.S.A Washington DIVORCED [WIDOWED [11. NAME OF HOSPITAL OR INSTITUT. ON (If not in Assertal give street address) Washing ten 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Hagerstewn Hespital Farm event, 13e STREET AND NUMBER S 30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LAMITS? 13b. COUNTY YES College Read Hagerstown 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last Milton Perterfield Tda Startzman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Cellege Read Hagerstown, Fd. Yes pa or unknown) 215-18-2733 Mrs. Lillian Perterfield attending phys ar removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH -transit ∥ermit. ¹ , crematian, ar rei IMMEDIATE CAUSE (a) Carcinoma Of Lung / months DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) I-transit (b) Arteriosclerotic Cardio Vascular Disease nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse mgmed k last. burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept, af Health priar to 6 FICATION 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [7 NO 🖂 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, natify medical examiner) (AT HOME, FARM. STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at wark 220. I certify that (I) (this haspital) attended the deceased from March 26, 1968, to April 18, 1968, that (I) saw the deceased alive an April 18. _1968_, and that in (my) (our) apinian death accurred on the date and hour and from the shauld causes stoted above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE director, page shauld be filed PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 215 WL Washington St., Hagerstown, Md. E. W. Ditto. Jr. 23c NAME OF CEMETERY OR CREMATORY 23d. cOCATION (City or Town) 23a BURIAL CREMATION. 23b, DATE (County) (State) Bull And (Specify) Washington Rese Hill Cemetery Hagerstewn Md. April 20-68 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25a. REC D BY REGISTRAR VR A15 (4) Albert Lewis Leaf Williamsport Maryland Villana 30M REV. 1/68



funeral hours after death. dea after TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely free director, page 3 stand bar director as the burial-transit permit. Then please remove carbon pages should be filed with the State Dent. of Health prior to burial, cremation, or removal, and in any event, within 72 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificals is executed withtin 24 Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

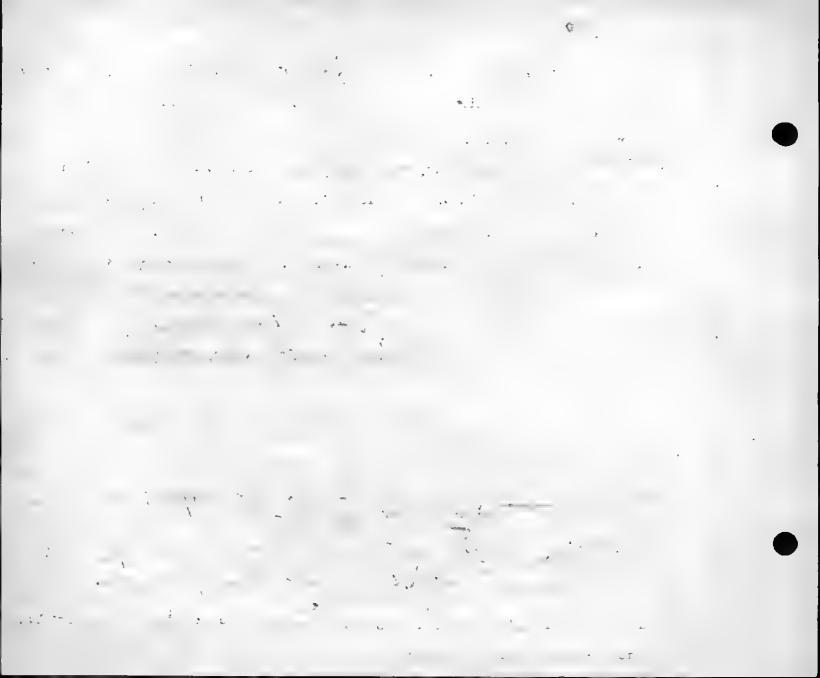
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
a. COUNTY	h agunay						
Washington County MARYLAND	Pennsylvania Franklin County						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						
Fort Ritchie, Maryland DOA	Blue Ridge Summit, Pennsylvania						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?						
US Army Dispensary, Fort Ritchie, Md.	P.O. Box 299, Ressler, La.						
3. NAME OF First Middle							
DECEASED	05						
	corff DEATH April 24 1968						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Iset birthday) Months Days Hours Min.						
Male Caucasian WIDOWED DIVORCED	3 May 1914 53 yrs. Months Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Air Force Officer US Air Force	Springfield, Illinois United States						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Harvey Pottorff	Bertha Reynolds						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address						
Yes 7 Apr 42-30 Oct67 331-037-990	Marie Pottorff (wife) Same Address						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN						
PART I DEATH WAS CALLED DV.	ONSET AND DEATH						
IMMEDIATE CAUSE (a) Myocardial Infarc	ction 5 Min.						
+100 DUE TO							
Cenditions, If any, which (b) Arteriosclerotic	Cardiovascular Disease 7 years						
gave rise to immediate (
underlying never feet	under land feet						
	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS AUTOPSY						
4 10 /2	PERFORMED!						
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	YES NO X .*						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 4 0 / None 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)						
E time	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)						
Hour a.m. p.m. 19 While Not While at work at work	Them and a man and all gray						
21. I certify that (i) (THIS THE STATE attended the deceased from	July , 19 63 to April , 19 68, that (I) (WE) (I)						
saw the deceased elive on 15 April 1968, and that	death occurred at 1:55M, from the causes and on the date stated above.						
22a. SIGNATURE 22a. SIGNATURE	death occurred at 1 3 -W, from the causes and on the gate stated above.						
Kal U. + 700° ola	ATTENDING MED. STAFF						
22c, PHYSICIAN'S	PHYS. X DIRECTOR PHYS. 24 Apr 68						
NAME (Type)	21/13						
ROBERT DAVIDSON, Captain, MC	US Army Dispensary, Fort Ritchie, Md.						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
Burial 4/26/66 Arlington	Arlington, Arlington Co., Va.						
24. FUNERAL DIRECTOR ADDRESS							
Waynesboro Pa.	DATAPR 26 1968 Achianles Judge						
INITIALET U TO TO	DAILE TO THE OF THE OWNER O						

5 J 3 i

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **CERTIFICATE OF DEATH** DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR low requires that the death certificate be executed within 24 hours after death (Type or print) B. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years IF UNDER 24 HRS. last Linthday) signed by the ottending physician and completely filled in by the buriol-transit permit. Then please remove corbon papers. Pages White July 20, 1893 Female 9. COUNTY OF DEATH 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. Married 🖾 Never Married WASHINGTON ve corbon popers. event, within 72 h country) WIDOWED DIVORCED Texas U.S.A. 126 KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH HAGERSTOWN give street address)
WESTERN MD. Own Home 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b COUNTY Md. College Park E 4601 Erie Street cremation, or removol, and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First M. ddle Middle Last R. Edmonds John Anna E. Brown 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) Eugene W. Ramer Same as #13 none APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. neumonia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 05 CAUSES OF DEATH? YES TO NO F the hospital or O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY, 21d. INJURY OCCURRED 21f LOCATION State 21e. PLACE OF INJURY City or Town County OFFICE BUILDING ETC. While Nat while at work 22a, I certify that (I) (*kinsh itel) atjended the deceased from. 1968 ond that in (my) (our) apinion death occurred on the dote and hour and fram the saw the deceased alive an. causes stoted above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 6 DEGREE PHYS. DIRECTOR director, page should be filed 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS NAME OF CEMETERY OF CREMASORY 23d. LOCATION (City or Town) 23b. DATE (State) 23a. BURIAL, CREMATION. REMOVAL (Specify) Hedgesville West Va. 4/18/68 Zion Episcopal Church 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 Francis Gasch's Sons Hyattsville, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		60 m 70			CERTIFI	CATE OF	DEATH				UUA	0 3 11	
		ECEASED-NAME Firs		Middle		Lost		2a. D/	ATE OF DEATH			2b. HO	UR
	(T	ype or print) F1	orida	P.		Remsbur	g		April Month	2 ^d	1958	12:	3 0 4
	3. SE	X	4. RACE			S. DATE OF B			6. AGE (In)	years	IF UNDER 1 YEAR	IF UNDER 24	
	1	Female	White	3		August	30, 18	893	less birtho	YRS.	PONTHS DAYS	HOURS	MIN.
		BIRTHPLACE (State or foreign	76. CITIZEN OF WHA	T COUNTRY?	8. MARRIEI	NEVER MA	RRIED	9 COUN	TY OF DEATH				
	Ba	kersville, Md.	U. S. /	4.	WIDOWE		RCED 🗌	Wa	shington				Md
		TITY OR TOWN OF DEATH	11 NAM give str	ne of Hospital Or Insteet oddress)	STITUTION (IF	not in hospital			ATION (Kind of wo irking life, even if i PLIE		126 KIND OF B INDUSTRY OWN HO	SUSINESS OF	R
		USUAL RESIDENCE (Where deced				R TOWN	138. INSIDE CITY LIN		3e. STREET AND NU		0 411 110	anc.	_
1	odm.	ssion) STATE Maryland	Washing	ton	1	sville	YES NO	,		ain St	t.		
	14. F	FATHER S NAME First	Middle	Lost		IS. MOTHER'S M	AIDEN NAME FI	rst	ı	Middle		Last	
`		Raleigh		offenberge			Sa	arah			Eak		
		WAS DECEASED EVER IN U.S. AR	went or distar of senses!	166 SOCIAL SECURITY I		INFORMANT					dysvill	e, H	d.
		Vo.		214-48-415	54 1	ir. W. H	loward	Remb	burg, 9	N. Ma			
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)		for (o): (b), and (c).)	M		1			BETWEEN ON	VATE INTERVAL ISET AND DEAT	н
			IATE CAUSE (a)	1075	nar	700	One	19-1	2-22		10	con	-
		4109 DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if any, which gave rise to immediate couse (a).												
		stating the underlying couse		A CONSEQUENCE OF									
	(c)												
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTI	ING TO DEATH BUT NO	OT RELATED	TO THE TERMINA	L DISEASE ORCO	ONDITION	GIVEN IN PART I(3)			
	NO.												
X	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORME 21a. ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY					CAUCIC DE DEATUS					ISIDERED IN CEI	RTIFYING	
1	RTIF	YES NO OCUSES OF DEATHS											
							of injury in Port 1 o	r Part 2, Ite	m 18.)				
	MEDICAL	(If either, natify medical exam	iner) P.M.	19									
	2	21d INJURY OCCURRED 21e While Nat while	PLACE OF INJURY	AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	30RY.) 21f	LOCATION Stre	et ar R.F.D. No.		City ar Tawn		County	State	6
		gt work at work	1, 117	1.1.6.1	1.	A. 1	7-64-10 m	2	the state of	7 (110)	(Cont.)	//> / >	
		22a. I certify that (I) (t saw the deceased	his haspitally after	nded the decease	ed from Z	nd that in (re	y) (aux) dour	uan da	onth occurred or	n the date	and hour o	(1) (we)	los the
		causes stated abov	e, (I) (we) (did) (did not) view the	bady after	death.	,), () -upii	mari wo	diii occonica di	THIC date	, and naor a	iid tidiii	1110
		22b. SIGNATURE	1/10-8	1- 1	IN N	ATTENDI	NG — MI	ED	STAFF -	22c. DA	ATE SIGNED	(0	
		V	11:4	1000	11.10	REE PHYS.		ED. Rector	PHYS.] 4-	-24-	-68	
1		22d. PHYSICIAN'S NAME (Type)	11! / 4	Van		22e. ADI	RESS	MM	boso)	nol		
	230	BURIAL, CREMATION, 23b.	DATE	23c NAME OF	CEMETERY O	R (REMATORY		23d II	OCATION (City or To	wn)	(County)	(State)	-
3			- 26- 68*			Le Ceme	tery	2	ersville		4	41	
Z	,	FUNERAL DIRECTOR		^ ADDRESS			2Sa. REC'D BY	REGIST		GISTRAR'S SI	GNATURE ()	der	
3	J	ohn H. Bast, J	r. 112 N.	Main St.	Boon:	sboro, l	DA START	R 3	ก 1968	Clia	ness for	0	

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificats be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificote has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages/1 and should be filled with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06291 CERTIFICATE OF DEATH 26. HOUR DECEASED-NAME law requires that the death certificate be executed within 24 haurs after death (Type ar print) S. DATE OF BIRTH 6. AGE (In years IF LINCER 1 YEAR last birthdoy) Jebruary 17, 1906 Male 9 COUNTY OF DEATH 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Franklin, Co. Pa. WASHINGTON WIDOWED [DIVORCED X signed by the attending physician and completely filled 20. USUAL OCCUPATION (Kind of work done CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR HAGERSTOWN during most of warking life, even if retired) event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE NO X Route Hagerstown and in any 14. FATHER S NAME S. MOTHER'S MAIDEN NAME First Last Shank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) Rd-N-Kingston-R-9 ar remayal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if ony, which gove) burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been XOD. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING (Enter nature of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INDURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram.... _19____, and that in (my) (our) apinian death accurred an the date and hour and from the saw the deceased alive on. couses stated obove, (1) (we) (did) (did not) view the bady ofter death directar, page 3 sha shauld be filed with 22b. SIGNATURE ATTENDING MED. DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) Rest Haven Compteny Hagerstown-Washington-Md 256. REC'D BY REGISTRAR 25b. REG STRAR S SIGNATURE VR A15 (4) 30M REV 1/68 Hagerstown, Md.

The second of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First M.ddie Lost 2a. DATE OF CEATH 2b. HOUR OECEASED NAME the funeral loges 1 and 2 rs after death April Month (Type or print) Samuel Cleveland Rice F JNDER 1 YEAR 4F UNDER 24 HRS 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years lost birthdey) HOURS February 15. 1888 Male White 9. COUNTY OF DEATH 7o, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [Washington Wash. Co., Md. U. S. A. WIDOWED X 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH during most of working life, even if retired) PHYSICIAN: The low requires that the death certificate be executed within INDUSTRY give street oddress) pou Rohrersville Farmer Farming 13o, USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE EITY LIM TS? 13e. STREET AND NUMBER 13b COUNTY Washington Rohrersville NO Rohrersville, Md Middle 15. MOTHER'S MAIDEN NAME First 14. FATHER S NAME Lost Bealer ₩. Rice Doma George 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) burial-transit permit. Then pl burial, cremation, or removal, Rohrersville. 220-111-2338 Janice Martz. Mrs. 18 CAUSE OF DEATH (Enter only one couse per line for (9), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospitol or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detoched for use as the sbould be filed with the State Dept. of Health prior to FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗔 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. State 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County 21d. INJURY OCCURRED While Not while 22a, I certify that (1) (this Hospital) attended the deceased from £ and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an. cooses stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 226 SIGNATURE ATTENDING PRYS. DEGREE DIRECTOR 22e. ADDRPSS 22d 7PHYSICIAN S 23c. NAME OF CEMETERY OR CREMATORY (County) 22b. DATE BURIAL, CREMATION REMOYAL (Specify) 4- 9- 1968 Rural Rohrersville, Wash, Md. Locust Grove Cemetery 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A (4) John H. Bast, Jr. 122 N. Main St. Boonsboro



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME Last First Middle 20 DATE OF DEATH 2b HOUR deoth. low requires that the death certificate be executed within 24 hours after death uneral (Type or print) Vincent W. Robinson April 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF LINDER 24 HRS last birthday) Male White July 27, 1915 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED Baltimore Md. U.S.A. WIDOWED DO DIVORCED [Washington signed by the attending physicion and completely filled burial-transit permit. Then please remove carbon cape 12o USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired)
Construction Worker give street address) INDUSTRY Smithsburg event, 30 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY Washington admission) STATE NO:K YES Rural R.D.1 cremation, or removol, and in any 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Marjorie Roy Robinson Warner 166. SOCIAL SECURITY NO. 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no prunknown) (# yes give wor or dates of service) Mrs. Joyce Wolfe Smithsburg Md., 220-10-3704 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE, OF Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS-CONTRIBUTING TO DEATH BUT NOT RELATED TO JTHE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to has been 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🗔 this certificate 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at work O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) oftended the deceased from agent 14 19 65, and that in (my) (aur) opinion death occurred an the date and hour and from the saw the deceased alive on... causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SUGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS 22d PHYSICIAN'S 22e, ADDRESS NAME (Type) director, g 1/15 S. Prospect St. Edson B. Moody Hagerstown, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMAT ON 23b, DATE (County) (State) Bethal 5/3/68 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
death.		ECEASED-NAME GUY IF. SHANK 20. DATE OF DEATH 6 Day 19698 7:45
haves after on by the fun s. Peges 1 haves after	3. SI	MALE 4 RACE S. DATE OF BIRTH S. DAYS HOURS MIN MONTHS OAYS HOURS MIN
4 haves	7o .cou	BIRTHPCACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED TR NEVER MARRIED TO DEATH
vithin 2 Ily filled pap pap within	1.7	TITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 20 USUAL OCCUPATION (Kind of work dane during most of working life even if retired) 12 USUAL OCCUPATION (Kind of work dane during most of working life even if retired) 12 WIND OF BUSINESS OR WORKING LIFE even if retired)
cuted v amplete event,		USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d HISTOR TY LIMITS? 13e STREET AND NUMBER (SISSIAN) STATE EVINA, 13b. COUNTY Franklin Greencesta YES DA NO 6/5, WASA, 57.
law requires that the death certificate be executed within 24 hayrs after death. nding physician. been signed by the attending physician and campletely filled in by the funeral sthe burial-transit permit. Then please remave carban papers. Pages and 2 iar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death and the burial, crematian, ar remaval, and in any event, within 72 haurs after death and the burial.	14.	FATHER'S NAME First HARVEY - SHANK IS MOTHER'S MAIDEN NAME First POTHER Last
tificate hysician n pleas vat, anc		Was Deceased Ever In U.S. ARMED FORCES? (es, ng/or uplkgown) Mayos give war or dotes of service) 195-28-2317 MD. The Shauk-Steenearth Pa
ath cer nding p nit. The ar rema		18. CAUSE OF DEATH (Enter anly and cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bilately Colored Co
the de the atte tit perm		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)
equires that the physician. signed by the burial-transit burial, cremat		stating the underlying cause (a) (b) from the underlying cause (c) Clistical & Cliebral Floronthese.
w requir ding phy een sign the buri	22	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 33 2 ×
The law ratending attending has been see as the th priar ta	CERTIFICATION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO DEATH? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
= 0 = 5	MEDICAL CER	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 at Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
- -	ME	21d. INJURY OCCURRED While Not while at wark 2 le. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street at R.F.D. Na City at Tawn County State
DING 1 by 1 After be c		22a. I certify that (1) (th is hospital) attended the deceased from Man 21 , 1965, to 1766, 1965, that (1) (we) la saw the deceased alive an 1965, and that in (my) (our) apinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death.
OR ATTENIOR DE retained DIRECTOR: 4 a 3 shauld ed with the		226 SIGNATURE STAFF COLUMN DEGREE PHYS DIRECTOR DIRECTOR PHYS DIRECTOR DI
may may :RAL I		226. PHYSICANS NAME (Type) Edward W. Ditto, III. M.D. 220 ADDRESS 217 W. Washington St. Hagerstown, Maryland
TO HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	230	
VR A15 (4) 30M REV 1/68	24	EUNERAL DIRECTOR STREET SIGNATURE PARE LOD 1 1968 (Cleanles Judge)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2n. DATE OF DEATH 2b. HOUR D 1. DECEASED NAME First Apr Month (Type or print) Doy 7 968ear 1:10% Hilda Maud Singer S. DATE OF BIRTH IF UNDER 24 HRS. 4. RACE 6 AGE (In years IF UNDER 1 YEAR 3. SEX HOURS Whi.te last birthday) Female 8/26/23 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED (ountry) Maryland WASHINGTON WIDOWED K DIVORCED [USA ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY give street oddress) **HAGERSTOWN** WESTERN MD. STATE HOS 13e. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 3d INSIDE CITY LIMITS? requires that the death certificate be executed Union Bridge YES NO 13b. COUNTY 12 N.Farquhar St. Carroll 6 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last John Wetnight Lewis Maud 16b. SOCIAL SECURITY NO. Address 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMEO FORCES? (If yes give war or dates of service) Yes, no. or unknown) 216-22-6821 CLARENCE SINGER MAJON BRIDG 18. CAUSE OF DEATH (Enter only one couse per line fer (e), (b), ond (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Branchopneumonia, bil. BETWEEN ONSET AND DEATH h days signed by the offer burial-transit perm burial, cremotian, a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove a 8 years (b) Multiple sclerosis rise to immed.ote couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 📆 NO I Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREEF, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. Stote 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Tawn County While Mot while of wark 22a. I certify that (i) (this hospital) attended the deceased from Dec. 28 , 1967 , ta Apr. 2 , 1968 , that (i) (We) last saw the deceased alive an April 2 1968, and that in (my) (tank) apinian death accurred an the date and hour and from the causes stated abave, (1) (302) (did) (didnat) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 14/3/68 Cames, mD DEGREE director, page should be filed 22e. ADDRESS 22d. PHYSICIAN'S Victor L. Ramos, M.D. Western Maryland State Hospital NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23o. BURIAL CREMATION, LAKE VIEW 24. FUNERAL DIRECTOR **ADDRESS** VR A15 [4] -30M REV, 1/68 DATE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR Middle Last 2n. DATE OF DEATH DECEASED NAME First burial-tronsit permit. Then please remave carbon papers. Pages 1 ond 2 burial, cremotion, or removol, and in ony event, within 72 hours after death. (Type or print) 4. RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX physicion.
signed by the ottending physicion and campletely filled in by the signed by the arguments. Pages lost birth MONTHS DAYS HOURS law requires that the death certificate be executed within 24 hours of 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔲 NEVER MARRIED 🔼 WIDOWED | DIVORCED 126 KIND OF BUSINESS OR INDUSTRY ROTTE 12a. USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of working life, even if retired.) 13d INSIDE CITY LIMITS? 30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 14 FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), BETWEEN ONSFT AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physicion. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) hospital or attending prior to hos been use as the 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? for use Health r YES 🗔 NO | O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY) | 21f. LOCATION | Street or R.F.D. No. Stote 21e. PLACE OF INJURY City or Town County State Dept. While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram... _19_ _, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an_ be retained plnous director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR 1368 DEGREE PHYS. ıllav. PHYS 22e. ADDRESS Page 4 may PHYSICIAN'S NAME (Type) William Rexrode M. 145 South Prospect director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 230. BURIAL, CREMATION 25a. REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Last 20 DATE OF DEATH First 2b HOUR death requires that the death certificate be executed within 24 hours after death DORY THE OD ORE (Type or print) STEVENS APRIL Month 22 Day 968eor 10A . the attending physician and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages 1 and transit permit. Then please remave carban papers. Pages 1 crematian, ar removal, and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (in years IF UNDER 24 HRS iast birt 2/21/1887 MAIE WHITE 7b CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) PENNSYLMANTA WASHINGTON U.S.A. WIDOWED DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 120. USUAL 12b. KINDO FROM THE SALE HAGERSTOWN CO. HOS PITALING most of CORMHUNION WILD RATER INDUSTRING 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 113c. CITY OR TOWN 13d. NSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE MARYLAND 13b. COUNTWASHINGTON HAGERSTOWN JEFFERSON ST. 14 FATHER'S NAME M:ddle IS, MOTHER'S MAIDEN NAME First Middle Lost Lost STEVENS KATHER INE JOSHUA JUNIOR MARY TRUMPOWER Add BAGERSTOWN 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no munknown) 218-01-1829A MRS. HIVLAND GRIFFITH MD. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN AN PART O FUNERAL DIRECTOR: After this certificate has been far use as the 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Page 4 may be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18. OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21d. INJURY OCCURRED
While Not whole of work at work AT HOME FARM, STREET, FACTORY.) 211 LOCATION 21e. PLACE OF INJURY Street or R.F.D. No. City or Town County ... Stote 22a. I certify that (I) (this haspital) attended the deceased fram 3-37, 1965, ta edition, that (I) (we) last saw the deceased alive an 1960 and that in (my) (m) opinion death occurred on the date and have and fram the director, page 3 shauld shauld be filed with the couses stated above, (I) (w/e) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) NAME OF CEMFTERY OR CREMATORY 23o. BUR AL, CREMATION, 23b. DATE (County) (State) REMENTAL T 4/25/68 REST HAVEN CEM. HAGERSTOWN WASH. 24 FUNERAL DIRECTOR **ADDRESS** REGISTRARYS SIGNATURE VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1 27	MARYLAND STATE DEPARTMENT OF HEALTH					
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	33,				
FOR STATE		v				
	(Type or Print)	7 1965 2 Tol				
Pogo st is	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years F UNDER 24 HRS 20 DATE PRONOUNCED DEAD	7 1965 2 10 A				
ond 3 t	(act purhday) MONTHS DAYS HOURS MIN Month Day	Yeor 30				
Pep I	Male White 1-27-1914 785 467 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1962 2 751				
- 4 - 3	Maryland U.S.A. W DOWED DIVORCED Washington	8.6				
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many 45 W	Hagerstown giwashington County Hospita during most of work ng life, even if retired) IN	IDUSTRY				
s ofter de 18. Give along we along w	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 33c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER					
	odmission) STATE Maryland 3b (OUNTY Baltimore Joppa YES NO 550 Old Joppa R	oad				
hours Item 18 Office Ignd2v	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost				
S S	Harry W. Wall Carolyn (Unknown)				
within 24 pencil in xominer's in 19 pages 72 hours	166 WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] [(If yes give wor or dates of service)] [Yes, no, or unknown] [(If yes give wor or dates of service)]					
	(Pes, no, or Unknown) (Pyes give wor or dates of service) Mrs. Sarah R. Wall, 550 Old Jopp	a Rd. 21085				
be executed with permit and medical Exorements and medical Exorements file event within 72	1B CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH				
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	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)					
writing warded warded sed as c	140					
is certificate to farwarded to used os o bremoval, and	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy, Year 211c HOW INJURY OCCURRED (Enter nature of shurpy in Part 1 or Part 2 Jiem	20 AUTOPSY?				
	WAS PERFORMED?	YES NO [X]				
설립 끝입		1B.)				
Certification of the standard of the standard then, or	CAUSE OF DEATH P.M. 19					
EXAMINER: wite the certing age 4 should your files Page 3 shau (, cremation,	217 0 10/11	County State				
EXA Ute age you Page I, cm	WHILE NOT WHILE 1 toctory, office building, etc.}					
ICAL E execution. Poped for CTOR: Purrat,	22a certify that I took charge of the remains described obove, held an Autopsy, Inspection, Inquiry,	and in my opinion				
ase cretto and in the principle of the p	deoth resulted fram: Natural couses 📑 Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗍	J				
Try please by please direct direct direct prior to t	ACTUAL SIGNATURE Charace Cut. Ditto III MD ASSISTANT MEDICAL EXAMINER 226 DATE SIG	SAIFIN				
UTY, ory, be be pri		7, 1968				
o DEPUTY CALL E) necessary, please exectiful the funeral director. Page 5 may be retained for 5 privile Alberton to burial, theolith prior to burial,	EXAMINER'S NAME (Type) E DWARD W. DITTO, 111 MD. ADDRESS(Street, city, town, or county)	2 , 41 00				
necesso the fun 5 may 10 FUNE Health	230 BURIA., CREMATION 7 23W DANGASH NG LON NAME OF CENTRACOR REMATCHINN MD . 2230/1900 (City or Town) (C	ounty) (Stote)				
- 10	RUPTAT A. 10-1068 Loudon Park Cemetery Baltimore Maryl	and				
A)	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR DO REMISTRA ADDRESS	Care Judge				
VR A15ME (5) 10M REV 1/68	Howard H. Hubbard, 4107 Wilkens Ave. 21229	0				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR DECEASED NAME First Middle Lost 2o. DATE OF DEATH death. uneral and ar death (Type or print) KATIE REBECCA WIDDOWS 20 M burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar remaval, and ın any event, within 72 hours after 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years F JNDER 1 YEAR IF JINDER 24 HRS law reauires that the death certificate be executed within 24 haurs after the attending physician and completely filled in by therf sit permit. Then please remave carban papers. Pages lost birthdoy) MONTHS HOURS FEMALE WHITE 1883 NOVEMBER 15. 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MARYLAND U.S.A. WIDOWED TO DIVORCED [WASHIN 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY HAGERSTOWN CO. HOSPITAL OWN HOME 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LAN TS? 13e. STREET AND NUMBER 13c CITY OR TOWN 13b COUNTY YES -NO T HAGERSTOWN 305 NORTH MITTERRRY 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First JOHN RIDENOUR ROWLAND 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 305 NONTH MULBERRY STREET Yes, no prunknown) NONE MRS. HELEN CHANEY HAGERSTOWN. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o signed by the burial-transit p Conditions, if ony, which gove rise to immediate couse (a) DUE TO, OR AS stating the underlying couse as the has been 19o. DATE OF OPERATION 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES 😨 af Health O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) directar, page 3 shauld be detached shauld be filed with the State Dept. af 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that (1) (this respected) attended the deceased from agent 9, 19 st. to and P saw the deceased alive an and 19 6 V, and that in (my) (gor) opinion death occurred on the date and have and fram the causes stated above, (i) (wg) (did) (100 663) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED APRIL 9, 1968 DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) PACKER. LAWRENCE JR. M.D. 145 W. WASHINGTON ST. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
BURIAL 4/10/68 HAGERSTOWN. WASH. CO. MARYLAND ROSE FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68



CEPTIFICATE OF DEATH

li O i	TUU	CERI	IFICALE OF DEATH			
1. DECEASED-NAME (Type or print)	First Margaret	Middle Lee	Wiles	2a. DATE OF DEATH Month April 2	9.1968	7 HOURS
female	4. RACE	nite	5. DATE OF BIRTH October	27,1913 last by thous	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
o. BIRTHPLACE (State or I country) Maryland	USA	WID	RRIED NEVER MARRIED OWED NOT DIVORCED	9. COUNTY OF DEATH Washington		М
o. city or fown of DEA Hagerstow	n Wash		unty Hosp during n	AL OCCUPATION (Kind of work done post of working life, even if retired.)		
detection) CTATE	here deceased lived, if institution:		gerstown YES X N	0□ 213 Summe	er, St.	
	irst Middle 111am D.	Rice	15. MOTHER'S MAIDEN NAME	_		Lost
16g, WAS DECEASED EVER	IN U.S. ARMED FORCES? 16	b. SOCIAL SECURITY NO.	17. INFORMANT	annie Lamp		
Yes, no, ar unknown)	(If yes give war or doles of service)	19-20-2876	Mr. Charles	E. Wiles Hage	erstown,	Md.
	H (Enter only one cause per line t WAS CAUSED BY: IMMEDIATE CAUSE (a)	far (a), (b), and (c),	richonneu	us nua)	APPROXIMA	ATE INTERVAL SET AND DEATH
Canditions, if any, we rise to immediate a stating the underly last.	DUE TO, OR AS A thich gave couse (o), DUE TO, OR AS A	CONSEQUENCE OF	urinary blo	dles with mets	otre 1	unth
			ATED TO THE TERMINAL DISEASE OR		700,0	7.06100
196. DATE OF OPERATION OF THE PROPERTY OF THE	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFO		20a. AUTOPSY? 20b. IF YES, WERE FINDING CAUSES OF DEATH?		S CONSIDERED IN CERTIFYING	
OR CONTRIBUTING	cause of Death dicol examiner) HOUR A.M. P.M.	Month Doy Yeor		er nature of injury in Part 1 or Port 2	?, Item 1B.)	
While Nat while	LJ		21f. LOCATION Street or R.F.D. No		County	State
saw the de	at (I) (this hospital) attend ceased alive an——ed above, (I) (we) (did) (di	19	m, 19_ _, and that in (my) (aur) op after death.	, ta,) inian death accurred on the c		(I) (we) las ind fram th
22b. SIGNATURE	J. Dwgl	ne mo		MED. STAFF 221 DIRECTOR PHYS. 1	C. DATE SIGNED	8
24d. PHYSICIAN'S NAME (Type)	John J. Dono	ghue, M.D.	22e. ADDRESS			775
23a. BURIAL, CREMATION, BENOVAL (Specify)	23b. DATE 5-2-1968	23c. NAME OF CEMETE Rose H11	RY OR CREMATORY	23d. LOCATION (Gity or Town) Hagerstown	(County) Md	(State)
24. FUNERAL DIRECTOR		ADDRESS	2Sa. REC'D	BY REGISTRAR 2Sb. REGISTRAR	R'S SIGNATURE	
Minnich .	Funeral Home	Hagerstow	m, Md. DATE	MAY 2 1868 22	liarles &	udge.

VR A15 (4) 30M REV, 1/68

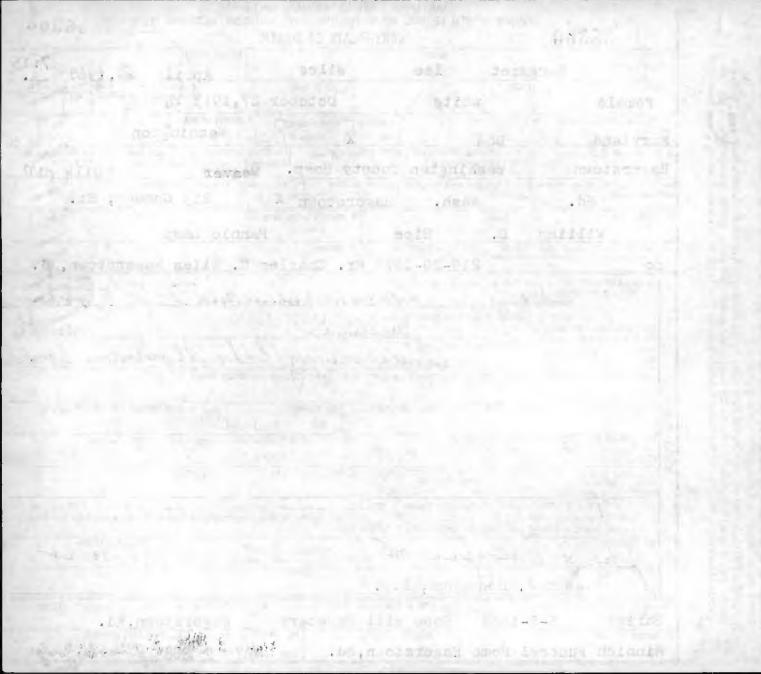
leath.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove corban page should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 7



23c. NAME OF CEMETERY OR CREMATORY

ROSE HILL CEM.

23d. LOCATION (City or Town)
HAGERSTOWN

2So. REC'D BY REGISTRAR

DATE

VR A15 (4) 30M REV. 1/68

230. BURIAL CREMATION, REMODAL BOOLEN

FUNERAL DIRECTOR

5/2/68

THE STATE OF THE S LET THE US THE LET BOOK SHOW TO A Profit in the second se AND MENSORS OF THE RESIDENCE OF THE STATE OF THE TANK OF THE PROPERTY OF THE PARTY OF THE TO AND SECURITION OF THE SECURITIES OF THE SECUR all the time of the second of the second of